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ABSTRACT

This curriculum guide is designed to be used by vocational educators in planning, developing, coordinating, and implementing homemaker-health aide programs. It is divided into three parts. Covered first are various aspects of program planning, including planning and organization, the role of the adult educator and the adult learner, and methodology and techniques effective with the adult learner. Seven competency-based instructional units are provided on the following topics: personal care; nutrition, meal planning, food preparation, and food service; housekeeping, sanitation, and safety; maternal, infant, child, and geriatric care; patient care; first aid and emergency procedures; and orientation to community agencies, needs, and services. Included in each unit are an introduction, a duty statement, a performance objective, a criterion-referenced measure, a performance guide, suggested learning activities, and suggested references and resources. The final information concerns program publicity, recruitment, follow-up, and evaluation. A seven-page bibliography concludes the guide. (MN)

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HOMEMAKER-HOME HEALTH AIDE PROGRAM

A Challenge To Vocational Education
A Modified Competency Based
Pilot Training Program

By

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November, 1978 - July, 1979

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Preface

This study was undertaken to develop a competency based training manual to be used in the planning and implementation of homemaker-home health aide programs in adult vocational education and more specifically, this program is consistent with concepts and skills taught in consumer and homemaking, occupational home economics, and health occupations.

This project is concerned with the aging population and families experiencing crises which may be lessened by the assistance of persons trained to work in the home to help maintain the care, security, and stability of family members during the absence and/or incapacitation of the usual homemaker or caregiver; and how vocational education may provide education and training which may impact on alternatives to institutionalization and increase career opportunities for persons seeking employment, such as displaced homemakers.

The need for "alternative care" is greater than the current capacity to provide it. Barring unusual circumstances, home health care can be considerably less expensive than care in a hospital or skilled nursing facility. While many of the providers of such services are commercial agencies and private non profit institutions, it appears that public educational agencies, and, in particular, adult vocational education, have a great opportunity to become involved in the education and training of such care providers.

The writer has consulted with many outstanding leaders who were in the forefront of the development of the homemaker-home health aide career and reviewed a multiplicity of curriculum guides, training manuals and other program materials. The writer is grateful to all those persons who shared materials and insights based on their experiences in the field. Of special significance to the development of this project were interviews with the following persons:

> Mrs. Florence Moore, Director, and Dr. Nancy Robinson, Director of Curriculum, National Council for Homemaker-Home Health Aide Services, New York City, Interview, January 4, 1979; Dr. Doris Hanson, President, Home Call, Inc., Frederick, MD, Interview, January 5, 1979; Ms. Miriam Felder, Executive Director, Homemaker-Home Health Aide Service of the National Capital Area, Inc., Washington, D.C., Interview, January 12, 1979; Dr. Irene Beavers, Chairman, Home Economics Education, Iowa State University, Ames, Iowa, Interview, April 3, 1979; Ms. Geneva Hawk, Homemaker Specialist, Bureau of Planning and Evaluation, Department of Social Services, Des Moines, Iowa, Interview, April 4, 1979; Ms. Mavis Kelly, Coordinator, Post Secondary Programs, Iowa State Department of Instruction, Des Moines, Iowa, Interview, April 4, 1979; Ms. Brahna Trager, Author, Homemaker-Home Health Aide Services in the United States and Dr. Laura Reif, Professor, Department of Family Health Care Nursing, School of Nursing, University of California Medical Center, San Francisco, California, Interview, April 5, 1979; Ms. Rachel Valencia, State Department of Health, Sacramento, California, Interview, April 5, 1979.

The writer is extremely grateful for having had the honor and privilege to serve as a fellow at the Advanced Study Center during the period November, 1978 through July, 1979, having been granted leave from the position of Supervisor, Home Economics, Adult and Vocational Education Department, Norfolk Public Schools. The fellowship was funded by a grant from the Bureau of Occupational and Adult Education, United States Office of Education. Thus the writer acknowledges the assistance of staff members of The National Center for Research in Vocational Education, The Ohio State University as follows:

Dr. Robert E. Taylor, Executive Director
Dr. Alberta Hill, Member, The National Faculty
Dr. Elizabeth Simpson, Member, The National Faculty
Dr. Earl B. Russell, Coordinator, The Advanced Study Center
Mrs. Elise Jackson, Program Assistant, The Advanced Study Center
Mr. Mark Newton, Graduate, Research Assistant, The Advanced Study Center
Mrs. Maureen O'Connell, Office Manager

One cannot overlook the fine workmanship of Ms. Brenda Davis and Mrs. Jacqueline Jones, the persons who typed the manual. Sincere appreciation is expressed to them.

Finally, it is hoped that many vocational educators will become interested in implementing this program in local school systems and that the writer will be able to provide technical assistance and consultation to agencies seeking to establish such training programs.

Hazel S. Holton

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INTRODUCTION

Problem and Rationale

The purpose of the Vocational Amendments of 1968, was to help improve the ability of the schools and community colleges to respond to new technological, social, and educational needs. The changes in the family structure, increasing family disorganization, the high mobility of individuals and families, and the increasing longevity of individuals all contribute to the need for alternative solutions to problems confronting individuals and families. This project is concerned with the aging population and families experiencing crises which may be lessened by the assistance of persons in the home to help maintain the care, security and stability of family members during the absence and/or incapacitation of the usual homemaker; and how vocational education may provide education and training which may impact on alternatives to institutionalization and increase career opportunities for persons seeking employment.

Although there is a need for more than 300,000 homemaker-home health aides, there are fewer than 45,000 persons who meet such requirements.[1] Further there is a grave need for a more comprehensive and effective social service delivery system for older persons, a more comprehensive long-term care policy responsive to the needs of older patients and their families; and there is a great need to promote greater employment opportunities for middle-aged and older persons who want or need work.[2] The development and implementation of a homemaker-home health aide program could serve to meet the specific needs of the aging population, families undergoing crises and also the need of persons for gainful employment. Barring unusual circumstances, home health care can be considerably less expensive than care in a hospital or skilled nursing facility. The need for "alternative care" is greater than the current capacity to provide it. While many of the providers of such services are commercial agencies, it appears that public educational agencies, and, in particular, adult vocational education, have a great opportunity to become involved in the education and training of such care providers.

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[1] National Council for Homemaker-Home Health Aide Services, Inc. *Fact Sheet*. (New York, 1977).

A review of legislation pertaining to older Americans reveals the following:

> With the passage of the Older Americans Act in 1965, Federal Government began a social service program designed solely for this country's senior citizen population. The Older Americans Act of 1965 set forth objectives for assisting older Americans, and established the administration on Aging as a focal point agency for older people at the Federal level. It also created three grant programs: the Title III program of grants to states for community social services projects; the Title IV program

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[2] U.S. Congress, Senate, An Act to Amend The Older Americans Act of 1965 to Provide for Improved Programs for Older Persons and for Other Purposes, 95th Cong., 2nd Sess., 1978, H.R. 12255, p. 90.

for research and demonstration projects; and the Title V program for training in the field of the aging.[3]

Further explanation of the Title IV grant seems appropriate to the full understanding of the intent of the act. Specifically:

> Title IV authorizes training grants to help improve the quality of services and help meet critical shortages of adequately trained personnel in the field of aging by: (1) publicizing available opportunities for careers in the field of aging; (2) encouraging qualified persons to enter or reenter the field of aging; (3) encouraging artists, craftsmen, scientists, homemakers, and other professionals to undertake assignments on a part-time basis or for temporary periods in the field; and (4) preparing and disseminating materials, including audio-visual materials and printed materials for use in the recruitment and training of persons employed or preparing for employment in the field of aging.[4]

While the 1971 White House Conference on the Aging focused on the magnitude of the problems encountered by this component of the population and the impact of these problems on individuals and families, problems pertaining to income maintenance, health care, housing, mandatory retirement, transportation and social services continue as major concerns of the aging population today.

In a report to the 1971 White House Conference on the Aging, Morse introduced the following resolutions which further substantiated the need for homemaker-home health aides:

> Whereas, independent home living is preferred to institutionalized living, many elderly persons find this style of living increasingly difficult to maintain with the departure of family members, relatives and friends

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[3] U.S. Congress, House, Comprehensive Older Americans Act Amendments of 1978, 95th Cong. 2nd Sess., 1978, H. R. 1150, p. 4.

[4] *Ibid*., p. 6.

> who cared for the elderly, and the failure of communities to provide substitute supportive services - particularly, homemaker-home health aide service.
>
> Whereas, America has an abundance of under-utilized womenpower among its mature women who are dependents and are potential welfare clients but with training could become contributing members of society as homemaker-home health aides to their own satisfaction and those whom they serve;
>
> Whereas, America is on the brink of recognizing how this service can enable the elderly, the handicapped and the family in crisis to continue to live at home - unfortunately, this recognition may bring such a surge in demand as to cause and stimulate the creation of *de facto* or "instant" staff who are not suitably trained to fulfill the expectations for service which the elderly and the handicapped have a right to expect.[5]

Since the aging population is as diverse as any group of people, no one alternative will satisfy the social, physical, psychological and economic needs and capabilities of this group. Therefore, there should be a variety of alternatives available in each community. What are some alternatives to institutionalization of the aging person? Alternatives to institutionalization include, but are not limited to the following:

1. adult day care where a wide range of health care services are provided on a daily basis in a day care center;
2. home health care where health personnel and paraprofessionals render health care services in the home;
3. homemaker services where homemakers provide assistance with daily household chores and food activities;
4. foster care where an older person lives with and is cared for by a family or individual; and

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[5] Richard L. D. Morse, a Report prepared for the 1971 White House Conference on Aging, Final Report, Vol. I.

5. home delivered meals.[6]

Not only do many of the aging population stand in need of the services which homemaker-home health aides are quite capable of rendering, but many young and handicapped persons also require assistance for ordinary living.

The writer has supervised the Certified Homemaker of Virginia Program, an adult education program, in the Norfolk Public Schools, for the past seven years, and while this program has successfully met care and service needs of numerous families in the community, the curriculum guide which is a working draft, is in need of revision. Thus, the writer's interest in developing a competency-based curriculum guide. Also this is in keeping with the state's mandate regarding competency-based education. Further, since the program in Norfolk was the first such program in the state, many persons look to this program for information and assistance when considering implementing a program in their community.

The local program benefits from the continuing support of an advisory committee and feedback and good reputation from alumni of the program. Further, the instructional program relies very heavily on the contributions of consultants from various community agencies, both in the classroom and as field-site participants. The writer has consulted with many outstanding leaders who were in the forefront of the development of the homemaker-home health aide career and has also reviewed a multiplicity of curriculum guides, training manuals, and program materials. However, there has been no attempt on the part of the writer to make this guide all-inclusive, but to provide a representative sampling of units which are competency-based.

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[6] Evelyn Tager, Outline of Problems and Issues Affecting the Elderly, a Report prepared for the Congressional Research Service (Washington: Library of Congress, 1977), p. 8.

Thus, this program is being developed out of a concern for meeting the alternatives to institutionalization needs of the aging population, providing Certified Homemakers with additional training when necessary, and in the interest of providing new career opportunities for adults, including the displaced homemakers, who may be desirous of serving the aging and families during crises, while engaging in gainful employment. It is hoped that this program will result in greater consideration of the social, physical, psychological and economic conditions and needs of the aging, families undergoing crises, the economically disadvantaged and/or the displaced homemaker.

Definition of Terms

Adult Vocational Education - vocational education which is designed to provide training or retraining to insure stability or advancement in employment of persons who have already entered the labor market and who are either employed or seeking employment.[7]

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[7] Federal Register, Vol. 40, No. 38, February 25, 1975, 8078.

Vocational Training - training or retraining which is conducted as part of a program designed to prepare individuals for gainful employment or semi skilled workers or technicians or subprofessional in recognized occupations and in new and emerging occupations. . .[8]

Social Service - any of the following services which meets such standards as the Commissioner may prescribe:

health, continuing education, welfare, information, recreational, homemaker, counseling, or referral services;

....

services designed to assist older persons in avoiding institutionalization, including preinstitution evaluation and screening and home health services, homemaker services, shopping services, escort services, reader services, letter writing services, and other similar services designed to assist such persons to continue living independently in a home environment;

....

services which are designed to meet the unique needs of older persons who are disabled;
or
any other services; if such services are necessary for the general welfare of older persons.[9]

Consumer and Homemaking Education - education designed to help individuals and families improve home environments and the quality of personal and family life, and includes instruction in food and nutrition, child development, clothing, housing, family relations and management of resources with emphasis on selection, use, and care of goods and services, budgeting, and other consumer responsibilities.[10]

Homemaker-Home Health Aide - a mature person who is trained in the care of children, the aged and chronically ill, home management, accident prevention and safety in the home.[11]

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[8] Ibid., p. 8080.

[9] U. S. Congress, Senate, An Act to Amend the Older Americans Act of 1965 to Provide for Improved Programs for Older Persons, and for Other Purposes, 95th Cong., 2 Sess., 1978, H. R. 12255, pp. 13-15.

[10] Federal Register, Vol. 40, No. 38, February 25, 1975, 8079.

[11] National Council for Homemaker-Home Health Aide Services, Inc., Fact Sheet. (New York).

Displaced Homemaker - an individual who has worked in a home for a substantial number of years providing unpaid household services for family members; has had, or would have, difficulty in securing employment; is unemployed, or underemployed; and has been dependent on the income of another family member; but is no longer supported by that income; or is receiving spousal support but is within two years of losing that support, or has been supported by government assistance as the parent of minor children but has lost or is within two years of losing that assistance.[12]

Objectives

In planning and developing this program the writer undertook the following objectives:

1. To survey the literature and consult with professionals in the field with regard to the availability of curriculum guides and other relevant instructional materials for homemaker-home health aide training programs.
2. To review, examine and analyze curriculum guides to determine the consistency of tasks performed by homemaker-home health aides and supervisory personnel.
3. To develop a competency-based curriculum guide for the home economics aspect of the homemaker-home health aide training program.
4. To develop an in-service training program and a part-time refresher course for former graduates of the Certified Homemaker of Virginia Program to assist them in updating knowledge and skills in order to re-qualify as homemaker-home health aides.
5. To consult with professionals in the field in order to gain insights into problems or barriers to the successful operation of homemaker-home health aide programs.
6. To consult with vocational directors and home economics supervisors concerning the feasibility of planning

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[12] U. S. Congress, House, 95th Cong., 2nd Sess., 1978, H. R. 10718, p. 6.

and implementing a homemaker-home health aide training program for adults in their state.

7. To provide technical assistance and consultative services to vocational educators interested in establishing homemaker-home health aide training programs in their departments.

8. To provide opportunties for adults, particularly the economically disadvantaged, the aging, and the displaced homemaker to prepare to enter a service career through training in the homemaker-home health aide program.

9. To impact on the lack of trained personnel to assist the aging population as an alternative to institutionalization by wider dissemination of information about the homemaker-home health aide program, stepped-up recruitment and offering training for adults to not only enter the career of homemaker-home health aide but also providing training for advancement up the career ladder.

10. To develop a means of follow-up of graduates of the homemaker-home health aide program and also a means of evaluating the performance of persons who are employed as homemaker-home health aides.

Methods and Procedures

The descriptive-survey method was considered appropriate to the planning and development of this program. Thus, the writer conducted surveys and on-site visits as indicated below:

1. Surveyed the literature for evidence of curriculum development for homemaker-home health aide training programs.

2. Obtained copies of curriculum guides of such programs and reviewed same.

3. Interviewed and consulted with professional educators knowledgeable of the field and/or engaged in development of curriculum and in the training of homemaker-home health aides to determine their recommendations concerning minimum competencies which should be required of homemaker-home health aides, issues and

problems in the field and needs for such services.[13]

Expected Contribution to Vocational Education

While there are commercial and nonprofit agencies which provide training and placement services for homemaker-home health aides, it appears that such training would be most consistent with the concepts and skills of consumer and homemaking, occupational home economics and health occupations curriculum. The former expresses concern for the improvement of the quality of life for individuals and families and the latter with providing health and medical services for improved physical and mental health for individuals and families.

It is believed that the development and implementation of the homemaker-home health aide program will:

1. have an impact on meeting vocational needs of unemployed adults many of whom are economically

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[13] Mrs. Florence Moore, Director, and Dr. Nancy Robinson, Director of Curriculum, National Council for Homemaker-Home Health Aide Services, New York City, Interview, January 4, 1979; Dr. Doris Hanson, President, Home Call, Inc., Frederick, MD, Interview, January 5, 1979; Ms. Miriam Felder, Executive Director, Homemaker-Home Health Aide Service of the National Capital Area, Inc., Washington, D.C., Interview, January 12, 1979; Dr. Irene Beavers, Chairman, Home Economics Education, Iowa State University, Ames, Iowa, Interview, April 3, 1979; Ms. Geneva Hawk, Homemaker Specialist, Bureau of Planning and Evaluation, Department of Social Services, Des Moines, Iowa, Interview, April 4, 1979; Ms. Mavis Kelly, Coordinator, Post Secondary Programs, Iowa State Department of Instruction, Des Moines, Iowa, Interview, April 4, 1979; Ms. Brahna Trager, Author, Homemaker-Home Health Aide Services in the United States and Dr. Laura Reif, Professor, Department of Family Health Care Nursing, School of Nursing, University of California Medical Center, San Francisco, California, Interview, April 5, 1979; Ms. Rachel Valencia, State Department of Health, Sacramento, California, Interview, April 5, 1979.

disadvantaged and displaced homemakers by providing an opportunity for training for gainful employment in a new and emerging occupation;

2. train personnel to provide care services so that a greater percentage of the elderly who would be otherwise incapable of remaining in their own homes may continue to do so, thus eliminating the psychological and financial costs of unnecessary institutional care;
3. provide personnel to care for the ill and incapacitated so that in-hospital and institutional care outside the home may be kept to a minimum, thus decreasing expenses and relieving certain anxieties; and
4. provide child care services in the home in the absence of the usual care giver.

Thus, it is hoped that many vocational educators will become interested in implementing this program in their school system and that the writer will be able to provide technical assistance and consultation to agencies seeking to establish such training programs in their communities.

PART I. PROGRAM PLANNING

CHAPTER I

PLANNING AND ORGANIZATION

Introduction

This manual has been developed as a curriculum guide to be used by vocational educators in the planning, development, coordination and implementation of homemaker-home health aide programs. The writer believes that this is an area in which persons responsible for education have a great challenge to provide job training for persons in need of training and to provide services for persons who can benefit from such services, such as: families undergoing crises and the elderly.

Advanced Planning

The initiative for considering the planning and implementation of a homemaker-home health aide program may come from any source: the school board, the superintendent of schools, the director of vocational education, home economics teacher, local citizenry, various local community social service agencies or the adult education coordinator. However, in order for the idea to reach fruition, it must have the interest and support of a number of persons. Therefore, it is advantageous to establish a planning committee to promote the idea. Such a committee could be instrumental in helping to establish the philosophical basis for the training program in keeping with the needs and interest of its community.

Advisory Committee

The organization and implementation of an advisory committee for the homemaker-home health aide program well in advance of the proposed beginning date of the program is highly desirable. Looking ahead to the various services that community agencies may assist with, it would be wise to include representation from a variety of agencies on the committee, such as the social service bureau, health and welfare council, red cross, hospitals, family services, to name a few. Not only will these agency representatives provide useful advise to help the program meet the needs of the community, but may also serve as consultants and assist with field site visits. To enhance the likelihood of persons accepting the invitation to serve on the advisory committee, the letter of invitation should indicate the purpose of the committee and should be signed by the person in the highest office available, such as the superintendent of schools.

The Instructor and/or Coordinator of the Program

As mentioned earlier, this program has been designed to be offered under the sponsorship of the local school system's department of vocational education. As such, it is believed that the home economics teacher with the assistance of the health occupation teacher, if available, along with consultants from community agencies, would be capable of teaching and coordinating this program. In order to do this, the instructor's schedule must allow time for recruitment, consultation with various agencies, supervision of trainees in the field and in general, coordination of the program. Thus, while coordination is a continuous process, it is advisable to allow at least a week or two between the commencing of the instructional program for each class for concentrated planning and coordination of the program. Further while placement and employment activities may be channelled through the United States Employment Office or some other employment and placement services, the instructor is often called upon to confirm the former trainees qualifications and/or recommend a graduate of the program to a prospective client.

Facilities and Classroom Equipment

Facility. - Since this program is designed to be offered by the vocational education department, it is recommended that the program be housed in the home economics department and/or, if available, the vocational technical center which may provide easy access to the health occupation/practical nursing classrooms and child care center. Both of which may become an invaluable asset to the homemaker-home health aide instructional program.

Equipment. - Over and above regular all purpose home economics/ home management facility and usual accompanying equipment and supplies, the following is desirable: the hospital bed, or adjustable bed, basin, bed pan, urinals, bed tray and bedside cabinet or table.

Number of Trainees

Due to the variations in age, in prior education and experiences, a ratio of trainees to instructor of between 16 and 20 trainees is considered to be a workable number. Further since this is an adult vocational occupational program, the ratio of trainees to instructor is within recommended limits for reimbursement purposes in most states.

Length of Course and Hours

The amount of time and formal instruction required for trainees to learn the concepts and skills essential for effective functioning in a particular program varies based on a number of factors. A review of other homemaker-home health training programs indicates a range of from 20 to 400 hours of formal training. In some programs, trainees are immediately placed on the job while continuing their training. However, this program is designed as a full time program of five hours a day of classroom activities extending over a nine week period. A total of 225 hours of instruction or supervised activity which includes two weeks of field experiences, one of which should be in a hospital or a convalescent center, and one week in a nursery school and/or day care center for the pre-school child and/or the aging provides relevant practical experience.

Basic Content to be Covered

While the order in which the content is arranged or presented and the methodology employed may vary from program to program, instructor to instructor, make up of the class and needs of the trainees, a review of numerous homemaker-home health aide curriculum guides and training manuals reveals that certain basic understandings and skills should be included in the training program. They are:

1. Basic understanding of:

-- the homemaker-home health aide career and the service; one's duties and role as a member of the health care team;

-- general functions and responsibilities of various health care team members;

-- ethics and confidentiality of information regarding the client;

-- needs of children and adults during times of crisis, illness and absence of usual caregiver;

-- personal adjustments of individual and family during illness and disability;

-- interpersonal relations;

-- bodily systems and functions/malfunctions; and

-- disease and illness and their affects on the physical, emotional, mental and economic well being of families.

2. Basic skills in:

-- personal care to include bathing, feeding, dressing, and undressing, ambulation, positioning and certain aseptic procedures;

-- first aid and emergency care;

-- nutrition - meal planning and preparation, including therapeutic diets, food purchasing, service and safety;

- household management - cleaning, laundry and care tasks and safety measures;
- directing activities for children and aging clients;
- observation and recordkeeping activities.
- job-seeking, and
- employer/employee relationships.

Essentials of the Training Plan

According to Trager, the success of the training plan will depend upon the following:

1. The close relationship of what is taught to the program in which the aides will be employed and the services which they are to provide.
2. The coordination and continuity of training so that each section of content is related to every other.
3. The development of basic knowledge and skill upon which later training can be built with the objective that the aides will be prepared to undertake assignments with continued growth in understanding and competence.
4. The presentation of training materials by those who have an understanding of the realities of the employment situation, skill in working with non-professionals, and sufficient competence in special fields so that material presented may be readily understood.[14]

Type of Recognition

It is recommened that, upon satisfactory completion of the training program, a brief public ceremony followed by an informal reception be held to which family, friends, press and public are invited and certificates and emblems are awarded to the trainees. It may be considered appropriate for class members to dress uniformly on this occasion as uniformity of dress adds status to the career. This may be the first day that the uniform is worn by the trainee. Not only does this serve as positive reinforcement for the trainee, but is also a good source of publicity and recruitment for the program. The endorsement of the state department of education along with the state service supervisor's and local superintendent's signature on the certificate serves to enhance the creditability and respect for the program.

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[14] Brahna Trager, Homemaker/Home Health Aide Services in the United States (Washington: U.S. Department HEW, Public Health Service, Health Services Administration, Bureau of Community Health Services, June, 1973), pp. 176-177.

Further a carnegie unit of credit may be earned by those persons who could benefit from this unit of credit toward the completion of a high school diploma.

Use of Resource Consultants

Since the content of the homemaker-home health aide program is consistent with the knowledge and skills of several disciplines, it is most helpful to engage persons from relevant disciplines in the instructional program. Many such persons are employed by public community agencies and are often quite willing and available to assist in the homemaker-home health aide program. Feel free to call upon these persons--physicians, nurses, social workers, nutritionists and red cross representatives--when planning the instructional schedule for the program. While this may be arranged in person or by telephone, it is most courteous to confirm the agreement immediately with a letter followed by a telephone call one week before the scheduled appearance.

Field Experiences

In order that trainees may gain practical experience during the training program, a field experience in a hospital, nursery school and/or day care center, or other community agencies for the care of persons who are ill, or undergoing a crisis may be most beneficial. The instructor or coordinator of the program should make arrangements, as nearly as possible, with such agencies prior to the onset of the program. The instructor and the agency representative should be in agreement with the nature, extent, and purpose of the learning experiences for each trainee, and the date, time, number of hours of the experience, and to whom the trainee is responsible while at the field site. It is suggested that field experiences be scheduled during the latter half of the training program. By this time the instructor will have had the opportunity to become acquainted with the trainee while observing the trainee's interactions with other members of the class and also observing personal characteristics, such as: communication skills, grooming, attendance, punctuality, and flexibility of the trainee in various situations and thus acquiring a keener understanding of how the practical experience might fill in the gaps in the trainee's knowledge and skills.

Recruitment

While potential trainees for the homemaker-home health aide program may be recruited through the use of all news media, one of the best means of recruitment is through personal contact with persons who have completed the program and are successful as homemaker-home health aides. Thus, featuring such persons on radio, television, or news releases often stimulates interest in the program which is followed by an increase in the number of telephone calls from persons inquiring about the program and requesting application forms. Further, the periodic use of exhibit space at a major shopping mall, or school open-house during vocational education week, or other times will serve to apprise the public of the availability of the program and its career potential. Other community agencies such as recreational centers, churches, hospitals, and senior citizens centers are also avenues for recruitment.

The homemaker-home health aide training program is open to both men and women, although the field is predominantly staffed by women. Because displaced homemakers are often in need of job training and also often have less than college level education, this training program provides an opportunity for such persons to acquire necessary skills for employability. The homemaker-home health aide program also provides an opportunity for older persons who are in need of employment to launch a new career or work part-time to supplement retirement income. One cannot overemphasize the fact that the homemaker-home health aide career is a service-oriented career for persons interested in the opportunity to serve others who are in need rather than their own need for monetary gains. Unfortunately, the pay has not attained the level that it should have considering the level of responsibility and the service which is provided by the homemaker-home health aide.

Screening

Since homemaker-home health aides are most often assigned to homes where the homemaker is incapacitated and/or absent from the home, and where they are responsible for the care of children or dependent, aging, and infirmed clients, applicants to the program should be carefully screened prior to being accepted. They should be persons in good physical and mental health, honest, and ethical in character, given to using good judgment, warm, friendly, patient and tactful. Character references should be required and verified. The duration of the training program provides an excellent opportunity for the instructor to get to know each trainee in an informal setting where attitudes, behaviors, and relationships become apparent as each trainee interacts and works with the instructor and other members of the class.

Physical examinations which include a tuberculin test or chest x-ray and a blood test should be a requirement of the pre-screening process. Upon satisfactory passing the physical examination, a health card should be obtained from the local health department.

Since the homemaker-home health aide career is basically a service to individuals and families in a home environment, the trainee should exhibit a potential for a high degree of flexibility and adaptability. Not only is the trainee involved in working with clients who vary in respect to many characteristics such as age, status of health, living patterns, financial background, personality and home environment, but must also serve as a member of the health care team.

Survey of the Community

Although there is a national need for more than 300,000 homemaker-home health aides there are fewer than 45,000 persons who meet such requirements. However, in order to be certain of the needs for such services and career opportunities in the local community, a survey should be conducted in the community to determine the extent to which such services are needed. The development and implementation of a homemaker-home health aide program could serve to meet the specific needs of the aging population, families during crisis, acute and chronic illness, and also the need of persons for gainful employment.

Trager stated that "perhaps the most important element in the atmosphere of the training of the group will be the firm establishment of the idea that the services for which the training is provided are greatly needed, and that in acquiring the essential skills the group may look forward to becoming a part of the employed section of the community in work which is constructive and usable in a variety of situations."[15]

Opportunities for Employment

There are many opportunities for homemaker-home health aides to freelance (work for families as self-employed persons), however, because of the lack of supervision of the aide this is frowned upon by knowledgeable and concerned persons who were in the forefront of the development of this paraprofessional career.

In fact some persons feel that an institution should not provide training for homemaker-home health aides unless there is a direct relationship to a supervisory agency wherein the aide is very definitely a part of a health care team following a plan of care. Usually a professional nurse serves in this supervisory capacity for an employing agency.

Further there are many benefits to be gained for the program and the trainees when the instructor is able to gain cooperation and support of the program, promote the program and establish rapport with representatives of community agencies--such as: the united fund, area agency on the aging; state, county and local health and welfare agencies, such as: the social service bureau, visiting nurses association, CETA and church affiliated agencies. Not only do such agencies, sometimes, employ homemaker-home health aides, but some of them also pay for tuition, if required, of the trainee while enrolled in the program. Certainly the instructor/coordinator should be well versed in the available opportunities with regard to training and utilization of homemaker-home health aides in the local community. Further, there are systematic benefits to be received when an aide works for an agency, such as the payment of social security insurance, unemployment compensation, leave accrual and the availability of a substitute aide when the aide must be absent.

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[15] Trager, p. 181.

Measurement and Evaluation

Teaching is an activity which consists of four phases: curriculum (planning phase), instructing phase, measuring phase and evaluating phase. It is not necessary to proceed through these phases in the order presented; in fact, it is quite possible to be involved in all phases simultaneously. This section will focus on the measurement and evaluation phases of the teaching process.

One of the major purposes of evaluation is as a basis for making decisions about future plans. Thus, evaluation instruments are designed to collect data which may serve as a basis for planning next steps, making comparison of previous efforts, recording accomplishments and contributing to feelings of satisfaction. Measurement and evaluation are an integral part of the teaching process. Not only does a teacher need to understand human development and methodology of teaching, but also needs skill in organizing and interpreting data in order to be able to use the results for better instruction and guidance functions. Evaluation is also used as a system of quality control in order to determine at each step in the instructional process whether the process is effective or not, and if not, what changes are required to ensure its effectiveness.

Periodic evaluation of all aspects of the homemaker-home health aide training program is of value in helping to assure that the program is meeting both the needs of the community and the training needs of the homemaker-home health aides. Thus, it is desirable to solicit feedback from cooperating agencies and former graduates of the program periodically. Use trainees in planning evaluation so that it has meaning for them and use evaluation at all stages of learning so that it sometimes seems inseparable from learning.

Trager made the following recommendation with reference to the importance of evaluation:

> Joint evaluation of the training program at regular intervals may also be revealing and this is important for different groups of homemaker/home health aides. The results of such regular evaluation may be the elimination of some sections of the training program as not essential to practice, or simplification or acceleration of training; or practice may demonstrate that training content is not being absorbed and a change in method, setting or faculty may be indicated.[16]

The writer believes that the instructor of adults should have knowledge of the current research findings concerning the adult learner with reference to his needs, interests, motivations

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[16] Trager, p. 180.

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and developmental characteristics; understand the implications for teaching of the differences between adults and youth as learners; understand the dynamics of group processes, understand and be able to apply principles of learning and a variety of methodology and techniques with reference to instructional programs for adults. Teachers are usually knowledgeable about the subject matter (content) of their discipline, but unfortunately for the student, more often fall short in the teaching act itself.

CHAPTER II

THE ROLE OF THE ADULT EDUCATOR AND THE ADULT LEARNER

Does the role of the teacher of adults differ from that of the role of the teacher of children and youth? If so, in what ways will it differ? A review of the literature reveals that there are two major viewpoints with regard to this issue. How one perceives his or her role in the educational process will be influenced by one's philosophical views and one's perception about the nature of human beings. If the belief is held that education is fundamentally the same whether it occurs during childhood or adulthood in accordance with Houles viewpoint, then there will be little or no difference in the methodology used when teaching adults or children.[17] However, if one accepts the theory purported by Knowles that adult education (self directed learning), or andragogy, is distinguishable from the act of teaching children and youth (teacher directed learning), pedagogy,[18] then it is encumbent upon the teacher of adults to seek to learn effective ways of teaching and working with adults.

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[17] C.O. Houle, The Design of Education (San Francisco: Jossey-Bass, 1972), p. 5.

[18] Malcolm S. Knowles, The Modern Practice of Adult Education (New York: Association Press, 1970), p. 39.

Characteristics of Adult Learners

Knowles makes the distinction between the characteristics of adult learners and child learners based on the following crucial assumptions. Thus, as a person matures

> 1. his self-concept moves from one of being a dependent personality toward one of being a self-directing human being;
> 2. he accumulates a growing reservoir of experience that becomes an increasing resource for learning;
> 3. his readiness to learn becomes oriented increasingly to the developmental tasks of his social roles; and
> 4. his time perspective changes from one of postponed application of knowledge to immediacy of application, and accordingly his orientation toward learning shifts from one of subject centeredness to problem centeredness.[19]

> The point at which a person becomes an adult, psychologically, is that point at which he perceives himself to be wholly self-directing. And at that point he also experiences a deep need to be perceived by others as being self-directing.
>
> For this reason, adults have a need to be treated with respect, to make their own decisions, to be seen as unique human beings. They tend to avoid, resist, and resent situations in which they feel they are treated like children--being told what to do and what not to do, being talked down to, embarrassed, punished, judged. Adults tend to resist learning under conditions that are incongruent with their self-concept as autonomous individuals.[20]

Further a characteristic of adults is that they are accustomed to being responsible, self directing and independent persons and thus are often not accustomed to relying on others for routine directions. In fact, the mature adult relates more readily to problem centered rather than subject centered learning, active rather than passive classroom activities, and immediacy of application rather than delayed use of learning. Because of the prior experiences that the adult learner brings to the classroom situation, particularly the homemaker-home health aide training program, he/she may also serve as a resource person to other members of the class. Further, because of past experience, an adult student may be more knowledgeable about some topics than the teachers whom they encounter, which may have an effect upon their acceptance of the teacher as an authority and interfere with learning. The teacher is wise who establishes a climate wherein the adult student feels free to share relevant experiences with classmates. Certainly the wide range of experiences within an adult class is a resource the teacher might draw upon in promoting active learning.

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[19] Knowles, p. 39.

[20] Knowles, p. 40.

While most adult learners desire to be treated as adults, capable of self direction and making decisions, some adult students are not so self directing and capable and thus need support from instructors and counselors. An important consideration is the awareness that support and assistance is available when requested or needed. The instructor needs to be observant of the needs of such students who may not be inclined to seek out help in time to avoid problems. Assistance should be provided to help students quickly learn how to become proactive, self directed learners. Then, and only then, will teachers take over their role as facilitators and resources for self directed learners.

Comfort acknowledged the importance of setting the stage for working with adults. He stated that:

> What occurs at the opening session will do more than anything else to establish the climate for the learning experience. It is at this point that learners realize whether they are perceived as adults or not. The instructor should attempt to establish a climate of mutual respect where student ideas are accepted, cooperative activities are encouraged, student experience is utilized and peer interaction occurs. Instructors who are interactive and accepting are preferred.[21]

Edwards and Hyberger believed that for best results classes must have a setting conducive to adult learning and stressed the importance of the wholesome attitude of the teacher toward the pupil as very vital to adult learning. Thus, they stated that:

> The setting for a learning situation, like the farmer's turnip patch, must be properly prepared, if wholesome and sufficient yield is to be the return. And who best can provide this effective setting? Giving due credit to the implementation of all useful educational machinery, we would continue to be at a loss without the sincere and inspirational direction of the wholehearted teacher. He continues to be the main cog in the wheel.[22]

In acknowledging the numerous publications which have described many unique characteristics of the adult learner Seaman stated that the following characteristics seem to be most important:

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[21] Robert W. Comfort, "Higher Adult Education Programming: A Model," Adult Leadership, Vol. 23, No. 1 (May, 1974), p. 26.

[22] Funson Edwards and Hoyle Hyberger, "Setting Conducive to Adult Learning," Adult Leadership, Vol. 13, No. 1 (May, 1964), p. 18.

1. A wide range of ages, spanning decades, may be present in one group of learners.
2. The adult enters into the learning environment with a definite, important purpose.
3. The adult's learning needs are immediate--the concept of "delayed gratification" usually has no relevance.
4. An adult is often faced with the task of "unlearning" previously learned material which at one time, may have been very important and meaningful--for example, the U.S. standard of weights and measures vs. the metric system.
5. The pressures of living--for example, family, work, health, pride, etc.--often provide formidable barriers and obstacles which discourage participation in learning activities.[23]

Arbeiter compiled a profile of the adult learner[24] to which the following would appear to be of interest to teachers of homemaker-home health aide programs:

> Black adults, particularly black women, prefer on-the-job training and group learning while whites are proportionally more interested in individualized approaches including independent study, private individual lessons, and correspondence courses. (Carp) [25]

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[23] Donald F. Seaman, Adult Education Teaching Techniques. Columbus, Ohio: The ERIC Clearinghouse on Career Education, The Center for Vocational Education, The Ohio State University, 1977), p. 2-3.

[24] Solomon Arbeiter, "Profile of the Adult Learner," The College Board Review, No. 102 (Winter 1976-77), pp. 20-27.

[25] Abraham Carp, et al. "Adult Learning Interests and Experiences," Chapter Two in Planning Non-Traditional Programs. R. Patricia Cross, John R. Valley, and Associates (San Francisco, California, Jossey-Bass Publishers, 1974), p. 29.

> A higher proportion of black adults would prefer to study at educational institutions rather than unconventional locations. (Carp)[26]

> Adults with no high school diploma are more interested in job-related subjects than are college graduates (51 percent vs. 31 percent). (Kimmel)[27]

> ...Those without high school diplomas express greatest interest in achieving credit toward one. Skill certification is wanted most by high school graduates with no college experience (27 percent) and blue collar workers vs. 5 percent of college graduates. (Carp)[28]

Edwards and Hyberger made the comparison between elementary and secondary pupils who are of compulsory school attendance age and the mature adult with reference to the schools holding power by stating that "mature adults can and do withdraw when leadership does not possess and demonstrate that all important quality of closeness of fellowship which is so fundamental to pupil holding powers."[29] Thus, we need teachers who demonstrate care and concern, and are in general, human relations oriented toward their students.

Not only must teachers of adults understand both the characteristics and motivations of adult learners, but they also can benefit from knowledge of the learning process. While adults differ from children and youth in many characteristics, they react similarly to certain kinds of treatment in the classroom.

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[26] Carp, p. 34.

[27] Ernest Kimmel, The Characteristics of Adult Learners (Princeton, New Jersey, unpublished manuscript prepared for The College Board, 1976), p. 6.

[28] Carp, p. 37.

[29] Edwards and Hyberger, p. 17.

Principles of Learning and Reinforcement Techniques

The teacher should be aware of the principles of learning which pertain to concept and skill development such as active is more effective than passive activities, breaking down knowledge into its smallest components, the value of reward and recognition, the control of learning rate, frequency and recency of practice and personalized learning.

Abramson suggested the following as guides to the teacher of adult learners:

1. If you praise or reward a person for something he has done, that person is likely to repeat the behavior because the outcome has been enjoyable. Adults need reassurance or reinforcement as much as children, particularly when they are starting to learn something new and feel strange about becoming a "student" again after being out of school for years. (Note: this is often the case with adults enrolling in homemaker-home health aide programs.)
2. Praise or rewards to be most effective in learning must come soon after the learner has performed well and should be clearly connected in the mind of the learner with what he or she has done.
3. The kind of reward which has the greatest value in carrying over from the classroom to the learner's life in other situations is one which gives the learner a sense of achievement in accomplishing his own purposes.
4. To be valued by the learner the praise or reward must come from someone that he or she respects.
5. Opportunity for new, interesting experience is a kind of reward that is effective in learning. Adults continue to want to learn and expand their awareness of things that have meaning in their lives.

6. Threats or negative criticism have unpredictable effects on the learner...The learner, when criticized or punished, may repeat the undesirable response to satisfy an important need for attention or independence...In short, such criticisms may discourage the learner from active participation and prevent further learning. On the other hand, mature learners appreciate honest appraisal of their progress.

7. ...learning proceeds slowly at first, then takes place more quickly as the learners acquire sufficient background and preparation as well as confidence. Finally the learning tapers off as learners reach the limits of their abilities or of their interests in putting out more effort.

8. Forgetting follows a different pattern; it occurs rapidly at first...the realistic teacher will take forgetting into account and build into his plans opportunities for review and recall shortly after first presentation of ideas or information and again later on.

9. This doesn't mean that sheer repetition is the key to learning...a single presentation may be more effective under certain conditions than dozens of repetitions (a) if the person has sufficient background and preparation; (b) if the task is related to the interests and concerns of the learner and is within the range of the learner's ability; (c) if the presentation makes clear the key elements of the ideas involved in their relation to each other.

10. Children and adults alike learn more quickly when the learning experience requires them to be active rather than passive. They retain what they have learned longer if they have a chance to apply or to practice what they learn.

11. When people learn under conditions which bring them satisfaction, they develop general attitudes that favor further learning.[30]

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[30] Jane A. Abramson, "The Adult As a Learner," Adult Training, Vol. 2, No. 3 (1976), pp. 38-39.

McLogan analyzes the adult learnability of a program by applying the following questions:

1. Is the learning experience problem centered as opposed to curriculum--concept--or subject matter oriented?
2. Is the experience personalized, reflective of the learner, the learner's world and the learner's needs?
3. Does the learning experience ask the learner to share his or her examples, ideas, and experiences and, in general, share responsibility for the learning experience?[31]

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[31] Patricia McLogan, "Are Your Programs Designed for White Rats?" Training HRD, (August, 1977), p. 19.

CHAPTER III

METHODOLOGY AND TECHNIQUES EFFECTIVE WITH THE ADULT LEARNER

In order to keep the learning experiences fresh and the learner's attention keen, an effective teacher uses a variety of approaches, activities and materials and avoids repetitive ways of doing things.

Although considerable skill and time may be required to prepare for a good demonstration, according to Morgan and others, demonstrations occupy a favored place among the techniques used in adult education.[32]

Further, Seaman reported that lecture/discussion combination ranked favorably among preferred techniques among adult learners.[33] For most purposes, guided discussion techniques are more effective than unrestricted discussions.

In synthesizing the analysis of data reviewed in his report, Seaman concluded that:

> No single technique, when compared to others is more effective in adult learning situations. Sometimes it appears that one *is* more effective, but further

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[32] Barton Morgan, Glenn E. Holmes and Clarence E. Bundy, *Methods in Adult Education* (Danville, Ill.: The Interstate Printers and Publishers, 1976), p. 157.

[33] Seaman, p. 32.

> research usually contradicts previous findings...Therefore, a variety of techniques should be used instead of a single teaching technique, if possible. This does not mean that something different should be used each time, but simply implies that changing the pace or even the style of teaching can break the constancy or "monotony," of the learning situation.[34]

Comfort stated that:

> Emphasis should be placed upon methods and techniques which capitalize on student experience such as the case method, discussion, role playing and community projects. The practice should exist to utilize student experience to reinforce learning and material presented should be related where possible to everyday affairs of life in which the students are involved. Instructor diagnosis of student experience can facilitate learning which begins with student problems and needs brought to the classroom and serves as a base for introduction of institutionally desired materials.[35]

According to Abramson, "the teacher of adults has to use different ways of managing the learning situation if he is to build and maintain the kind of learning environment that is acceptable to adult learners. An adult who is treated as a child may react in a variety of ways that interfere with his or her participation in educational activities and ability to profit from it."[36]

Abramson further stated that, "the teacher must therefore be concerned to show respect for adult learners through his preparation of material, arrangement of the room, tone of voice, acceptance of the learner's right to develop and depress his own opinions; and involvement of the learner in diagnosing his or her own learning needs and evaluating progress."[37]

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[34] Seaman, p. 18.

[35] Comfort, p. 25.

[36] Abramson, p. 39.

Activities should be designed which provide opportunity for adult learners to check and objectively evaluate their own work. As nearly as possible this can be accomplished by the use of definite criteria such as a checklist of the characteristics of a well made bed, a plain muffin, and a well balanced meal.

Certainly teachers who are charged with the responsibility of engaging adults in full time learning activities over the period of a five-hour day should be cognizant of the importance of planning activities which utilize not only a variety of teaching teachniques, but also a variety of grouping methods which include some total class activities, small group activities and independent study, and employ various devices to reinforce the concepts and skills under study and provide the adult with opportunities for self evaluation of progress throughout the program.

Trager offered the following suggestions which have practical application in the conduct of learning activities for adults:

> Where written materials are provided they must be vivid, visual, and arranged in a format that can be readily understood. A densely printed syllabus presents an initial barrier to the trainee. Language should be simple, and it should not be assumed that what is taught will be acquired by the student unless it is reviewed in

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[37] Abramson, p. 40

> the classroom setting.
>
> All written materials will be most helpful if they are presented as a reminder or in support of what has been discussed rather than as an independent responsibility of the trainee.
>
> During the entire course of the training, all language is chosen from everyday usage, and technical terms avoided. Where they must be used, they will best be translated or paraphrased so that there can be no confusion about their meaning...It should not be assumed, however, that information given in a single session, however successful, will remain a part of the trainee's knowledge for all time. Throughout the course of training, and indeed throughout the course of employment, it will be necessary to repeat and constantly review the essentials of what has been taught.[38]

It is desirable to have the trainees assume major responsibility for their learning while the teacher takes over the role of manager by preparing materials, diagnosis, prescribes, motivates, and serves as a resource for the class. In such a situation, the emphasis is on the trainee rather than the teacher, the focus is on learning by doing rather than teaching.

Gage's research revealed that effective teachers tend to be warm, indirect, cognitively well organized, enthusiastic facilitators and resource people rather than coldly efficient transmitters.[39]

According to Comfort, the adult learner needs to develop the skills of problem solving and synthesis in order to attain autonomy in learning. He suggested that early attention be given to acquisition of these skills since such skills are also desired by adults in their everyday lives.[40] Certainly in order to become a self directed learner, one must be able to employ certain processes in an independent setting.

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[38] Trager, p. 178.

[39] Nathan L. Gage, Teacher Effectiveness and Teacher Education (Palo Alto: Pacific Books, 1972), pp. 34-39.

In making a plan for adult leadership to help people harness the by-products of education, experience, and maturity, Russell suggested that adult leadership might also seek the road to self actualization and stated that:

> The road to self actualization and employability may be the same one. Acquiring know-how may be something the real adult can take in his stride. In this may be the real secret of employability and upward mobility.[41]

In making a comparison of assumptions and processes between teacher-directed (pedagogical) learning and self-directed (andragogical) learning, Knowles drew the following conclusions which have implications for working with the adult learner:

Assumptions

About	Andragogy
Self-concept	Increasing self-directiveness
Experience	Learners are a rich resource for learning
Readiness	Developmental tasks of social roles
Time perspective	Immediacy of application

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[40] Comfort, p. 25.

[41] James W. Russell, "On Being An Adult in Education," Adult Leadership, Vol. 13, No. 1 (May, 1964), p. 20.

About	Andragogy
Orientation to learning	Problem centered
Process Elements	
Climate	Mutuality, respectful, collaborative, Informal
Planning	Mechanism for mutual planning
Diagnosis of needs	Mutual self-diagnosis
Formulation of objectives	Mutual negotiation
Design	Sequenced in terms of readiness Problem units
Activities	Experiential techniques (inquiry)
Evaluation	Mutual re-diagnosis of needs Mutual measurement of program[42]

Bell and Margolis recommended the blending of didactic and experiential methods and believed that both are appropriate in every training program. They described didactic learning as follows:

> generally teacher (instruction) oriented and is typically used to impart knowledge. Examples of these methods include lectures, movies, readings and demonstrations. Experiental learning tends to be more learner (process) oriented and is frequently used to enhance discovery via interactive prescribed activity. Examples of experiental learning methods include role-play, case discussion, incident process discussion and problem-solving task group.[43]

Bell and Margolis pointed out that the emphasis should be on the blend of didactic and experiential learning and suggested that guidelines for appropriateness is based on the utility and the nature of the learning. Utility as the concept implies, refers to the way in which the learner is to use the learning.[44] A review of the behavioral goals of the training program will shed some light on this aspect. Bell and Margolis' recommendations concerning blending didactic and experiental approaches are summarized as follows:

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[42] Malcolm S. Knowles, "Issues in Adult Learning Psychology," Adult Leadership, (March, 1974), p. 315.

[43] Chip R. Bell and Frederic H. Margolis, "Blending Didactic and Experiental Learning Methods," Training and Development Journal, (August, 1978), p. 16.

The didactic experiential blend is influenced by the ways in which the learner is to use the learning. For example:

Employ More Didactic Approach If:	Employ More Experiential Approach If:
	The learner must demonstrate a keen understanding and comprehension of the knowledge by altering it in innovative ways;
	If the learner is required to "think in" what has been learned;
the learning is to be used uniformly	the learning is to be used flexibly;
	the learning is to be used frequently;
	the learner is required to retain what is learned for a short period or long time.[45]

The didactic experiential blend is also influenced by the nature of the learning--the unique relationship between the learner and what is to be learned. For example:

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[44] Bell and Margolis, p. 16.

[45] Bell and Margolis, p. 18.

Employ More Didactic Approach If:	Employ More Experiential Approach If:
the learning is consistent with the learner's reality perception and self image;	the learning is likely to be confusing to the learner;
the learner is simply adding what is known without having to unlearn anything.	the discovery learning is oriented toward insight rather than instruction;
	the learner is learning something completely new, foreign and significantly different from the learner's normal life space;
	the learner is learning something that requires unlearning or altering things previously learned.[46]

In summary, Bell and Margolis recommended the following as important considerations for refining the determination of didactic experiential blend:

> Organizational Environment: Cultural factors such as myths, norms, values, rules, etc., may dictate less or more of a particular type of method than would be the case solely from the standpoint of pure design principles.
>
> Nature of the Learner: The characteristics of the learner population including age, social background, educational level, physical limitations, maturity, etc., may have an altering effect on the didactic-experiential blend decision. The method selected should not jeopardize the physical or psychological conform of learner unless purposefully designed to do so.
>
> Nature of the Trainer: While a design may ideally call for predominance of either didactic or experiential methods, that dictated may fall outside the trainer's competence, confidence or comfort level. The method likewise should be congruent with the trainer's values about people and the learning process.[47]

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[46] Bell and Margolis, p. 19.

[47] Bell and Margolis, p. 21.

PART II. COMPETENCY BASED INSTRUCTIONAL UNITS

CHAPTER IV

INTRODUCTION

To attempt to cover all of the concepts and skills needed by a homemaker-home health aide in the various aspects of the service and the numerous situations and conditions which prevail would require a very comprehensive coverage of numerous topics. Thus, no attempt has been made on the part of the writer to make this manual all-inclusive. The instructor will, of necessity, be expected to gear the instructional program to the unique needs and interest of the trainees enrolled in the program at any particular time. Thus, since the instructor cannot provide answers to all problems, it would perhaps be more beneficial in the long run, if trainees were taught the development of practical skills and relevant processes; such as: creative problem solving, values clarification, communication skills and human relations skills. Further, knowledge of how to access information and tap resources which may be available to assist the client; such as, social services, health and welfare agencies and day care/senior citizens' centers, would also appear to be worthy of inclusion in the instructional program and worthwhile and justifiable use of instructional time.

Not only should homemaker-home health aides in training be taught the foregoing, but concerted effort should be expended to help trainees to become knowledgeable about the persons, the conditions, and the types of situations which make their assistance necessary. Thus, an understanding of human beings, their needs and developmental stages would also appear to be important to successful service as a homemaker-home health aide who works and interacts with children, the aged, the infirmed, the employer, and members of the health and medical team.

Human understanding is considered as one of the greatest needs of our society today. In fact its importance is ranked next to the physical needs. With the increasing breakdown and disorganization of the family, illness, and emotional breakdown, the need for trained persons other than teachers to assist in the care and training of children, and, at the other end of the continuum, the dependent aged, becomes more and more apparent. Thus, such persons should have a basic understanding of the nature of human nature since ones beliefs in this regard influences what one expects from children and the methods to be employed to help them to develop to their full potential. While recognizing that all human beings are a complex of interrelated and interacting forces consisting of organism, culture, and self, it is also recognized that the human being is a physical, social and a psychological organism who functions as a whole. An understanding of human nature will assist the trainee in a basic understanding of the processes of growth and development and the needs of persons at successive maturity levels of the developmental stages throughout the family life cycle and also to better understand specific individuals with whom one lives and works.

When wholesome attitudes and beliefs about human beings are held the door is opened to new heights in interactions and in the development of human potentialities. Every individual is unique, valuable and is worthy of acceptance. There is a causal relationship between the stimuli an individual receives and responses to those stimuli. Thus, in working with persons, the trainee will need to look beyond the surface for causes of some of the bahaviors which may be directed toward him/her. For example, a child who exhibits negative behaviors and becomes disruptive whose mother is absent from the home due to illness, may be "acting out" feelings of insecurity and a "felt need" for attention brought about by the interruptions in routines and perceived fears concerning the mother's illness. A trainee who has a basic understanding of human needs, and experiences working with children would perhaps assess the cause of such behavior more accurately than a trainee who has not had the benefits of such training and experience.

Behavior has many interrelated causes. An understanding of an individual's needs are necessary if appropriate responses and guidance activities are to be provided. Further in working with families who are experiencing crises, a knowledge of the hierarchical nature of basic needs may help to provide some understanding of problems the client is experiencing.

Maslow concluded that human beings have certain basic needs which must be met before the individual is free to pursue higher level goals. These needs, in an ascending order, are as follows: physiological, safety, love and belongingness, self-esteem and self-actualization.

The homemaker-home health aide must be made aware of his/her potential for contributing to the health and well-being of individuals and families not only through assistance with physical aspects of daily routines but the psychological and emotional aspects of the client's life. Through his/her presence and assistance in the home, the homemaker-home health aide can bring a feeling of security, warmth, and understanding (1) to those who, because of the absence of the usual caregiver, suffer from the lack of care and attention; and (2) to those who, because of age and/or disability, feel isolated. The homemaker-home health aide can have a major impact on the family's ability to manage and cope with the stressful situation by using good judgment and a positive attitude while helping to maintain the normal routines of the home and family.

In view of the foregoing, the homemaker-home health aide must have a clear understanding of his/her duties and responsibilities as an aide, be able to work in a variety of situations, be able to relate effectively to other members of the health/medical team; be capable of performing homemaking and caregiving tasks efficiently and with minimum supervision, and exhibit professional ethics at all times.

In addition to the foregoing, the instructor must assist the trainee in understanding the importance of the homemaker-home health aide service, the problems in the personal adjustment of the individual and family to illness and disability and to an outsider in the home; the interaction among the emotions, physical condition and attitudes; the need for ethics and confidentiality in serving the client, the relationship of the homemaker-home health aide to other members of the health/medical team, employer/employee relationships, and the extent and limitations of the services to be rendered. Further, instruction and opportunities for practical experiences and skill development should be provided in the areas of personal care, patient care; nutrition, meal planning, food preparation and service; housekeeping, sanitation and safety; maternal, infant and child care; first aid and emergency procedures and orientation to community services, including job seeking skills.

Thus, while the following chapters consisting of instructional units are not intended to be all-inclusive, the writer believes that the instructor has a responsibility to assist the trainee in accomplishing objectives and acquiring competencies which will prepare him/her to assume the role of a homemaker-home health aide in such an efficient manner so as to facilitate the improvement in the physical, psychological and emotional well being of individuals and families.

CHAPTER V

PERSONAL CARE

UNIT:

Personal Care

GENERALIZATION:

Since the trainee is representing the client, in order to establish communication and a good impression, the trainee should practice speaking distinctly and courteously at all times.

DUTY:

Performing Hostess Activities

TASK:

Place telephone call

PERFORMANCE OBJECTIVE:

Given a telephone and a request by client to make a telephone call, the trainee will place the call, talk courteously and deliver the message promptly to the client as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Given a telephone and a request to place a telephone call, the trainee will respond courteously and promptly.

PERFORMANCE GUIDE:

1. Obtain the name of the person or agency client wishes to reach.
2. Obtain telephone number, or if not known by client, proceed as follows:
   a. local calls
      1) use telephone directory
      2) record number
   b. long distance calls
      1) use information services
      2) record number
3. Dial the number or operator if assistance is needed.
4. Speak distinctly and courteously while asking for the person with whom you wish to speak.

PERFORMANCE GUIDE: (Continued)

5. Identify yourself and indicate who you are representing.
6. Explain nature of call and information desired clearly and promptly.
7. Verify information given.
8. Deliver message to client.
9. Keep record of long distance calls.

SUGGESTED LEARNING ACTIVITIES:

1. Role play desirable and undesirable behaviors when using the telephone.
2. Practice using the yellow pages to obtain telephone numbers for various services.
3. Look up and record telephone numbers for emergency services, such as fire department, police.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Local Telephone Book

Telephone Company Representative

Business Teacher

UNIT:

Personal Care

GENERALIZATION:

Because clean hands are an important requirement in the care of infants, the ill and when preparing food, trainees should form the habit of washing hands often and thoroughly.

DUTY:

Performing Aseptic Techniques

TASK:

Wash hands

PERFORMANCE OBJECTIVE:

Given the necessary facilities, equipment and supplies, the trainee will wash hands thoroughly using acceptable techniques as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Wash hands properly using facilities, equipment and supplies provided.

PERFORMANCE GUIDE:

1. Check to see if soap and towel are available.
2. Take a comfortable standing position in front of the sink.
3. Use paper towel on faucet while adjusting water flow and temperature.
4. Wet hands thoroughly.
5. Apply soap generously.
6. Wash hands, including wrists, using circular motion, approximately 30 seconds.
7. Rinse well and allow water to run from wrists to fingertips.
8. Repeat steps 4-7.
9. Dry hands gently with paper towel.
10. Use paper towel on faucet to turn off water.

PERFORMANCE GUIDE: (Continued)

11. Apply lotion to prevent hands from drying and chaping.

SUGGESTED LEARNING ACTIVITIES:

1. Instructor demonstrates sanitary handwashing procedures.
2. Discuss the importance of washing hands thoroughly, when to wash hands and how to wash hands if running water is not available.
3. visit a supermarket, drugstore or other shopping facility and make a list of those products which may be used to sanitize the hands.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

American Red Cross, Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D. C. Health and Company, 1966.

UNIT:

Personal Care

GENERALIZATION:

Because the body functions as a system, when one bodily system is not functioning properly it may have an affect on other bodily systems, therefore, it is important to understand the body systems, their components and their functions.

DUTY:

Performing Personal Care Functions

TASK:

Identify the basic body system, its components and functions

PERFORMANCE OBJECTIVE:

Given a diagram of the ten basic body systems the trainee will label the components and describe their functions with 70% degree of accuracy.

CRITERION-REFERENCED MEASURE:

Label and describe functions of various body systems.

PERFORMANCE GUIDE:

1. Study the anatomy of the human body.
2. Focus on each body system individually.
3. Name the body system.*
4. List the components of the body system.
5. Describe the function of the body system.

*The Skeletal System
Muscular System
Skin
Circulatory System
Respiratory System
Digestive System
Nervous System
Urinary System

PERFORMANCE GUIDE: (Continued)

Reproductive System
Endocrine System

SUGGESTED LEARNING ACTIVITIES:

1. Review the anatomy of the human body. A film is an excellent source of this information.
2. Invite a professional nurse, physician or biology teacher to talk to the class about bodily systems.
3. Draw a diagram of the bodily systems and label each according to its functions.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Instructor, Health Occupations

Professional Nurse

Professor of Anatomy, Biology

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Company, Inc., 1974.

UNIT:

Personal Care

GENERALIZATION:

When the trainee is observant of changes in the patient's condition, knows when it is necessary to call the doctor, knows what to do until the doctor arrives and can give an accurate description of the patient's symptoms the doctor is aided greatly in making a diagnosis.

DUTY:

Assessing Body Functions

TASK:

Recognize and assess the common signs and symptoms of illness.

PERFORMANCE OBJECTIVE:

Given a patient, the trainee will observe the patient and accurately describe any signs and symptoms of illness, changes in patient's appearance and condition and report and record the condition in a meaningful manner as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Observe a patient and describe and record changes in appearance and condition.

PERFORMANCE GUIDE:

1. Observe patient and describe and record information concerning changes in the following:
    a. face.
    b. skin.
    c. eyes.
    d. nose.
    e. mouth and throat.
    f. coughing and sneezing.
    g. pain.
    h. temperature, pulse rate and respiration rate.

PERFORMANCE GUIDE: (Continued)

i. other general symptoms.

SUGGESTED LEARNING ACTIVITIES:

1. Devise checklist for signs of illness.
2. Prepare a bulletin board illustrating symptoms of illness which may indicate the need for an examination by a doctor.
3. Discuss procedures to be used in case of illness in order to safeguard the health of the patient and protect other members of the family prior to the doctor's arrival.
4. Have each of two trainees observe the same classmate and make written notations and compare the consistency of their observations.
5. Role play signs and symptoms of illness and determine when the physician should be called.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Registered Nurse or Physician

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D. C. Health and Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Company, Inc., 1974

UNIT:

Personal Care

GENERALIZATION:

Because an elevated temperature may be one of the first signs of changes in physical condition, the trainee should be able to take the patient's temperature, read the thermometer accurately, and determine if temperature is within normal limits.

DUTY:

Assessing Body Functions

TASK:

Taking temperature

PERFORMANCE OBJECTIVE:

Given a patient, an oral and rectal thermometer and the necessary supplies, take the patient's temperature using the correct procedures and read thermometer accurately. Practice taking temperature until you are ready to have instructor verify your reading of temperature.

CRITERION-REFERENCED MEASURE:

Use correct procedures, tools and materials while taking the oral, rectal, and/or axillary temperature of a patient and record accurately.

PERFORMANCE GUIDE:

1. Advise patient of intent to take his/her temperature.
2. Assemble tools and materials.
3. Wash hands.
4. Shake thermometer down to 95°F (35°C) or below.
5. Wipe thermometer with cotton which has been dipped in alcohol.
6. Take temperature as follows:

   Oral method:

   1. Place bulb end of thermometer under patient's tongue somewhat to one side. Instruct patient

PERFORMANCE GUIDE: (Continued)

to keep lips closed, breathe through nose and do not talk or bite down on thermometer

2. After seven (7) minutes remove and read thermometer, then record temperature.

Rectal method:

1. Position patient in bed.
2. Lubricate thermometer (mineral oil may be used).
3. Insert thermometer 1½ inches into rectum being careful not to irritate patient.
4. Hold in place for three minutes.
5. Remove thermometer. Record temperature.

Axillary method:

1. Dry axilla.
2. Place thermometer under dry armpit.
3. Leave in place at least 10 minutes.
4. Remove thermometer. Record temperature.

7. Wash hands
8. Shake mercury down to 95°F (35°C), clean and replace thermometer in holder.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss the circumstances under which the temperature should be taken.
2. Following a demonstration by the instructor take oral temperature of a classmate.
3. Take and record temperature of a classmate daily for a week, both morning and afternoon. Chart any variations in temperature over the period of five days.
4. Compare temperatures of various classmates to determine if there were variations in normal range among classmates.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Instructor, Health Occupations

Professional Nurse

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D. C. Heath and Company, 1966.

UNIT:

Personal Care

GENERALIZATION:

Because the status of vital signs give indication of the condition of the patient it is important that the trainee can assess such signs accurately.

DUTY:

Assessing Body Functions

TASK:

Take pulse and respiration

PERFORMANCE OBJECTIVE:

Given the proper tools, the trainee will determine the patient's pulse rate within ± 4 points of accuracy and the respiratory rate within a ± 2 points of accuracy.

CRITERION-REFERENCED MEASURE:

Take a patient's pulse and respiration rate within ± 4 points and ± 2 points of accuracy, respectively.

PERFORMANCE GUIDE:

1. Wash hands.
2. Advise patient of procedure.
3. Position patient.

To Determine Pulse Rate

4. Place patient's arm and hand, thumb up, in a relaxed position.
5. Place two or three fingers over the radial artery.
6. Count beats for 60 seconds and record as beats per minute.

To Determine Respiratory Rate

7. With fingers on patient's wrist, count respiration for thirty seconds and multiply by two to determine respirations per minute.
8. If irregularities are noted, count respirations for full minute.

PERFORMANCE GUIDE: (Continued)

9. Record on patient's chart.

SUGGESTED LEARNING ACTIVITIES:

1. Practice taking pulse and respiration rate until you feel confident in your ability to assess rate accurately.
2. Discuss common respiratory irregularities.
3. Discuss the significance of pulse and respiratory rates in the changing condition of the patient.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Registered Nurse

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D. C. Heath and Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Company, Inc., 1974.

UNIT:

Personal Care

GENERALIZATION:

When accurate recorded information concerning the patient is available the doctor can more readily understand the nature of the illness and decide on treatment required.

DUTY:

Assessing Body Functions

TASK:

Record daily activities of patient

PERFORMANCE OBJECTIVE:

Given a patient and a daily record form for the patient, the trainee will accurately record vital data such as changes in the patient's condition, reaction to medication and treatment and intake and output of patient.

CRITERION-REFERENCED MEASURE:

1. Make an accurate record of the amount and time of intake and output of the patient.
2. Describe changes if any, in the patient's attitude and appearance.

PERFORMANCE GUIDE:

1. Obtain a daily record form.
2. Observe patient.
3. Enter date and hour for each entry in the record.
4. Record vital signs periodically during the day.
5. Record medicines taken by prescription number and indicate any difficulties experienced in taking medicine.
6. Record any treatments and solutions used.
7. Record amount of food eaten, not the amount of food served the patient. Describe reaction to meal.
8. Record frequency, amount, and appearance of stool and urine.

PERFORMANCE GUIDE: (Continued)

9. Record changes in the patients physical and mental condition as observed and described by the patient.
10. The doctor's orders should also be recorded on the chart.
11. Keep daily record out of sight of patient.
12. Discuss record with doctor only.

SUGGESTED LEARNING ACTIVITIES:

1. Demonstrate keeping a daily record form.
2. Have trainees keep a daily record form on each other for a week.
3. Impress upon the trainees the importance of promptness and accuracy in recording data and the confidentiality of such information.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Instructor, Health Occupations

Registered Nurse

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

UNIT:

Personal Care

GENERALIZATION:

Because the trainee is observant of changes in the client's condition and can communicate such changes to the other members of the medical team, the information provided may assist in the determination of the status of the client's condition.

DUTY:

Observing the Client

TASK:

Report data

PERFORMANCE OBJECTIVE:

Given a client who is ill, the trainee will report all essential data concerning the client's condition to other members of the medical team.

CRITERION-REFERENCED MEASURE:

Prepare a summary of essential data concerning observable changes in the patient's behavior and appearance and report to members of the medical team.

PERFORMANCE GUIDE:

1. Obtain a daily record form.
2. Observe client.
3. Make record of observations.
4. Schedule an appointment with public health nurse or attending physician to discuss changes in client's condition.
5. Plan to make report in an area of the home other than where the client is located.

SUGGESTED LEARNING ACTIVITIES:

1. Role play a conference with members of the medical team and report only changes in the client's behavior and condition since last conference.
2. Role play with other members of your class reporting data to member of the medical team who is somewhat difficult to schedule a conference.
3. Establish a daily log for recording and reporting observable behavior of a classmate.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Public Health Nurse

Physician

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D. C. Heath and Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Company, Inc., 1974.

UNIT:

Personal Care

GENERALIZATION:

Daily bathing cleanses the body by removing the waste products eliminated through the skin, stimulate circulation, relaxes the body and in general adds to one's comfort.

DUTY:

Bathing a Patient

TASK:

Give a bed bath

PERFORMANCE OBJECTIVE:

Given the necessary equipment and supplies, the trainee will give a bath to a bedridden patient while keeping the patient comfortable and free of drafts as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Use proper procedures while giving a bath to a bedridden patient.

PERFORMANCE GUIDE:

Preparation

1. Inform the patient that you are preparing for his/her bath.
2. Check and adjust the temperature of the room to 75 degrees.
3. Offer the patient a bedpan or urinal.
4. Assemble all utensils and supplies and position on a stand near the bed.
5. Remove all but one pillow and change soiled pillowcase.
6. Remove and fold bedspread and blanket and place over the back of a chair.

PERFORMANCE GUIDE: (Continued)

the top sheet by pulling it toward the foot of the bed.

8. Place folded on the chair if its to be used as drawsheet.
9. Carefully remove patient's sleeping garment and place with soiled linen.
10. Fill large wash basin half full of warm water.

Bath Procedure

1. Protect the bed by placing a bath towel under each part of the patient's body as that part is being bathed.
2. Use a bath mitt or fold washcloth so as to simulate one.
3. Begin by washing the patients' face, ears, and neck. Rinse and dry with the face towel.
4. Hold patient's hand and support arm while washing the hand, arm and armpit. Rinse and pat dry with a soft bath towel. Repeat the process on the other arm.
5. Now continue the bath by folding the bath blanket down to the patient's abdomen. Wash, rinse and dry the patient's chest thoroughly. Cover the patient's chest with a dry towel.
6. Fold down the bath blanket to expose the abdomen. Wash, rinse and dry thoroughly.
7. Turn patient on his/her side with back toward you. Fold back blanket and proceed with long firm strokes, to wash, rinse and dry the neck, back and buttocks. Rub the back with alcohol.
8. Turn the patient on his/her back, place the bath blanket so that it covers the patient's arms, chest and abdomen and leaves legs exposed. Place towel under leg and foot, wash, rinse and dry using long, firm strokes. Wash, rinse and dry back of leg while patient bends knee and you support ankle and heel with one hand.
9. Place wash basin on towel on the bed and lift patients's foot into the water. Wash, rinse and dry foot.
10. Repeat procedure for the other foot and leg.
11. Rub feet and legs with warm alcohol. Apply oil or lotion, if desired.
12. Pull bath blanket down over the patient's leg. Place bath towel under the buttocks. If patient is able to continue the bath, place wash basin, bath mitt and towel within easy reach and encourage him/her

PERFORMANCE GUIDE: (Continued)

to wash, rinse and dry the genital area. If patient is not able to do so, the trainee will continue the bath by washing, rinsing, and drying genital parts. Dust with talcum powder. After which the towel is removed and blanket is adjusted.

13. Put a fresh sleeping garment on the patient and arrange patient in a comfortable position.
14. Clean and put away all bath utensils, place soiled articles in hamper and make appropriate notations on the patient's daily record.

NOTE:

1. In order to maintain water at a comfortable temperature and keep water from becoming too soapy and soiled, periodically add more hot water.
2. A warm alcohol rub is very refreshing and stimulating after the bath.

SUGGESTED LEARNING ACTIVITIES:

1. Follow procedures for bathing a bedridden patient by having trainees practice in pairs.
2. Role play how to convince a patient of the need to take a bath if patient appears not to be so inclined.
3. Discuss ways of making the bath time pleasant.
4. Brainstorm safety precautions when bathing an infant or small child. Make a list of such precautions, arrive at a consensus and finally prioritize the list of precautions.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Visiting Nurse

Red Cross Representative

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook, Boston: D. C. Health and Company, 1966.

Riehl, C. Luise, Family Nursing, Peoria: Chas. A. Bennett Company, Inc., 1974.

UNIT:

Personal Care

GENERALIZATION:

Because of the importance of grooming both for the trainee and in the general care and well-being of the patient, a trainee should develop skills in giving a simple manicure.

DUTY:

Performing Personal Care Functions

TASK:

Give manicure

PERFORMANCE OBJECTIVE:

Given the assignment to give a classmate a manicure the trainee will assemble the supplies and tools and give a simple manicure.

CRITERION-REFERENCED MEASURE:

Give a simple manicure to a classmate following the correct procedures.

PERFORMANCE GUIDE:

1. Assemble needed materials and tools and prepare soapy water.
2. Wash hands.
3. Advise client where to sit.
4. Remove old nail polish, if available.
5. File and shape nails on left hand working from corner to center.
6. Using buffing cream on nails, buff nails using downward strokes from base to tip of nails.
7. Place (left) nails in soapy water.
8. Follow procedures 5-7 for right hand.
9. Remove left hand from soapy water and dry nails with towel.
10. Apply cuticle remover to left hands.
11. Push cuticle back with orange stick.

PERFORMANCE GUIDE: (Continued)

12. Trim cuticle with nippers, where needed.
13. Bleach under file end of nails on left hands.
14. Apply cuticle oil or cream to nails on left hand.
15. Repeat steps 9-14 for right hand.
16. Cleanse nails on both hands by brushing with downward strokes in soapy water.
17. Dry nails and hands thoroughly.
18. Bevel nails with fine emery board.
19. Apply hand lotion and manipulate hands.
20. Use cotton moistened with nail polish remover to remove film from nails.
21. Apply base coat and allow to dry.
22. Apply polish to left hand and then to right and allow to dry.
23. Apply second coat, if desired and allow to dry.
24. Apply sealer coat and allow to dry.

SUGGESTED LEARNING ACTIVITIES:

1. Visit a cosmetology class or beauty salon to observe hand care demonstrations.
2. Practice giving each other manicures.
3. Compare range of products available for hand and nail care.
4. Discuss the importance of regular care of the hands and nails.
5. Discuss the importance of such care to the patient.
6. Discuss the importance of a well groomed appearance on the job.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cosmetologists

Manicurists

James, Barry. Call Me Mister. Bronx: Milady Publishing Corp., 1974.

Tolman, Ruth. Charm and Poise for Getting Ahead. Bronx: Milady Publishing Corp., 1975.

UNIT:

Personal Care

GENERALIZATION:

Since homemaker-home health aides are in training to serve clients who are ill or incapacitated it may be desirable to learn proper procedures for shampooing the clients or dependent child's hair.

DUTY:

Performing Personal Care Functions

TASK:

Shampoo and rinse hair

PERFORMANCE OBJECTIVE:

Given the assignment to shampoo, rinse and set hair, the trainee will select appropriate hair care items, tools and water temperature and use proper procedures to shampoo, rinse and dry hair thoroughly as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Use proper materials, tools and water temperature to shampoo, rinse and dry hair thoroughly.

PERFORMANCE GUIDE:

1. Select and arrange needed materials and tools.
2. Wash hands.
3. Seat patient as comfortably as possible.
4. Cover shoulders with shampoo cape or towel.
5. Remove any hair pins from hair.
6. Section off hair and examine to determine condition of hair and scalp.
7. Brush hair thoroughly.
8. Turn on faucet and adjust volume and temperature of water to warm temperature.
9. Wet hair thoroughly.
10. Apply shampoo and manipulate through hair.

PERFORMANCE GUIDE: (Continued)

11. Rinse hair thoroughly.
12. Repeat process of shampooing a second time.
13. Rinse hair thoroughly.
14. Add conditioner.
15. Rinse hair thoroughly.
16. Towel dry hair.
17. Use blow dryer to complete drying process.
18. Comb, brush and style as desired by client.

SUGGESTED LEARNING ACTIVITIES:

1. Study various hair styles and face shapes.
2. Compare various hair care items and various tools in terms of ease of use, appearance of hair, effect on hair and cost.
3. Trainees may practice shampoo, rinse, and setting each other's hair.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cosmetologist

Hairdresser

James, Barry. Call Me Mister. Bronx: Milady Publishing Corp., 1974.

Tolman, Ruth. Charm and Poise for Getting Ahead. Bronx: Milady Publishing Corp., 1975.

UNIT:

Personal Care

GENERALIZATION:

Because it is important to maintain the patient in a clean, sanitary and comfortable environment, the trainee should be skilled in bedmaking.

DUTY:

Making Beds

TASK:

Make unoccupied, surgical or open bed.

PERFORMANCE OBJECTIVE:

Given a hospital bed, necessary linens, the trainee will make an unoccupied bed using proper procedures and making sure bed linen is tight and smooth as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Make an unoccupied, surgical or open bed following proper bedmaking procedures.

PERFORMANCE GUIDE:

1. Wash hands.
2. Assemble linens and place in order of bedmaking procedures.
3. Position bed.
4. Remove soiled linen from the bed.
5. Move mattress to the head of the bed.
6. Place mattress pad on bed.
7. Place bottom sheet on bed.
8. Place rubber sheet and draw sheet on bed.
9. Continue to make unoccupied bed by:
    a. Placing top sheet, blanket and spread on ½ of bed closest to you.
    b. Repeat on other side of bed.
    c. Pull all linens tight before tucking.

PERFORMANCE GUIDE: (Continued)

   d. Change pillowcase and pillow on bed.
10. Continue to make surgical bed by:
   a. Placing top covers on without tucking.
   b. Extend top covers to head of bed even with the edge of mattress.
   c. Fan folding top covers to the side or foot of bed.
   d. Replacing pillow with towel or disposable pad.
   e. Checking safety features.
   f. Placing bed in high position.
11. Continue to make an open bed by:
   a. Placing top covers on bed.
   b. Folding top of spread under top edge of blankets.
   c. folding sheet over spread making a cuff.
   d. Fan-folding top linens to foot of bed.

SUGGESTED LEARNING ACTIVITIES:

1. Practice making an unoccupied bed, surgical bed and open bed.
2. Discuss adjustments one might make if appropriate bed linen were not available.
3. Collect or construct items which may be used to modify the bed so as to make the patient more comfortable. Example: items to elevate patient; store reading materials within reach, etc.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Public Health Nurse

Visiting Nurse

Fleming, Mary Owers, and Benson, Marion C. Home Nursing Handbook. Boston: D. C. Heath and Company, Inc., 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Company, Inc., 1974.

UNIT:

Personal Care

GENERALIZATION:

When a patient is bedridden, it may be necessary to make the bed while the patient is in it.

DUTY:

Making Beds

TASK:

Make an occupied bed

PERFORMANCE OBJECTIVE:

Given a client who is bedridden, the trainee will make the bed without removing the patient from the bed and while disturbing the patient as little as possible.

CRITERION-REFERENCED MEASURE:

Make an occupied bed while keeping the patient as comfortable as possible and while disturbing the patient as little as possible.

PERFORMANCE GUIDE:

1. Wash hands.
2. Place all necessary supplies on a chair nearby.
3. Have laundry bag or open newspaper available for soiled linens.
4. Remove pillows and soiled pillowcases and place on chair and laundry bag, respectively.
5. Remove and fold bedspread and top blanket and place over back of chair.
6. While lifting the top blanket with one hand, remove the top sheet being careful to keep the patient covered with the blanket at all times. Place sheet in laundry bag.
7. Now turn the patient away from you.
8. Loosen the bottom sheet and drawsheet and accordion fold drawsheet vertically against the patient's

PERFORMANCE GUIDE: (Continued)

back. Follow same procedure for the bottom sheet.
9. Place clean bottom sheet which has been folded in half vertically and center the fold in the middle of the bed. Now fold the other half of the sheet in accordion fashion and place smoothly under the soiled linen. The clean sheet should now be tucked under the mattress along the side of the bed and corners should be mitered.
10. Follow the foregoing procedures for applying the drawsheet.
11. Turn the patient over the accordion folded sheet by lifting feet first over the sheet and place hand on patient's shoulder and hip while gently rolling patient over the folded linen. Support patient with one hand while pulling the folded sheets from underneath the patient with the other hand.
12. Now continue the foregoing procedures from the other side of the bed.
13. Tidy up room and remove soiled linen from the room promptly and carefully to avoid contamination.

NOTE:

Encourage the patient to assist in these procedures in accordance with the status of the patient's condition. But keep the patient's comfort and condition in mind.

SUGGESTED LEARNING ACTIVITIES:

1. Observe demonstration of bedmaking by a nurse or the instructor.
2. Practice making an occupied bed using a classmate as the patient; the classmate must not assist you in any manner and you must not make the client uncomfortable.
3. Look up ways to adapt a regular bed for the comfort of the patient.
4. Describe the best way to handle patient's linen and clothing to avoid spreading bacteria.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Instructor, Health Occupations

Public Health Nurse

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT: (Continued)

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D. C. Heath and Company, 1966.

Riehl, C. Luise. Family Nursing, Peoria: Chas. A. Bennett Company. Inc., 1974.

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ______________________________ DATE ENROLLED ______________

UNIT: ____

Date(s) Evaluated			Trainee			Instructor		
Mo/Day	Mo/Day	Personal Care	2*	1*	0*	2*	1*	0*
		Applies knowledge/skill and						
		uses appropriate procedures/						
		methods/equipment and mate-						
		rials to:						
		understand and describe						
		the needs of individu-						
		als' during various						
		stages of development						
		understand and explain						
		needs of families dur-						
		ing various stages of						
		family life cycle						
		recognize the unique						
		qualities of individuals						
		understand that all per-						
		sons have basic needs						
		which must be met						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:______________________________ DATE ENROLLED______________

UNIT:____

Date(s) Evaluated			Trainee			Instructor		
Mo/Day	Mo/Day	Personal Care (Continued)	2*	1*	0*	2*	1*	0*
		describe problems encoun-						
		tered by families in						
		dealing with crises						
		employ mannerism to help						
		patient to feel useful						
		solicit patients help to						
		the limit of capabili-						
		ties						
		consult with patient be-						
		fore making decisions						
		which affect patient						
		locate information in the						
		telephone directory						
		place telephone call						
		courteously						
		report message promptly						
		and accurately						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:____________________________________ DATE ENROLLED_______________

UNIT:____

Date(s) Evaluated			Trainee			Instructor		
Mo/Day	Mo/Day	Personal Care (Continued)	2*	1*	0*	2*	1*	0*
		wash hands properly and thoroughly						
		identify and label ten basic body systems						
		describe functions of various components of ten basic body systems						
		describe and assess the signs and symptoms of illness						
		observe a patient and describe/record changes in appearance and condition						
		take temperature accurately						
		take pulse and respiration						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:____________________________ DATE ENROLLED____________

UNIT:____

Date(s) Evaluated			Trainee			Instructor		
Mo/Day	Mo/Day	Personal Care (Continued)	2*	1*	0*	2*	1*	0*
		Make an accurate record						
		of amount and time of						
		intake and output						
		devise a daily record						
		form accurately						
		assist patient in feeding						
		self to the extent						
		needed						
		prepare and serve food						
		for ease and handling						
		by patient						
		give a bed bath						
		give a manicure						
		give a shampoo						
		make an unoccupied,						
		surgical or open bed						
		make an occupied bed						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHAPTER VI

NUTRITION, MEAL PLANNING, FOOD PREPARATION AND SERVICE

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

In order to plan meals it is necessary to know what equipment and appliances are available for use in preparation of meals.

DUTY:

Performing Meal Planning Functions

TASK:

Take inventory

PERFORMANCE OBJECTIVE:

When assigned to a kitchen and given an inventory form the trainee will take an inventory of all large equipment, utensils, and small appliances listing the appropriate names and functions of all items accurately as checked by teacher.

CRITERION-REFERENCED MEASURE:

Inventory all large equipment, utensils and small appliances using correct name.

PERFORMANCE GUIDE:

1. Write name on inventory form.
2. Check storage areas such as cabinets, closets, and bottom or side of range for equipment and appliance.
3. List all equipment and appliance in the appropriate column of the inventory form. Example:

Qty.	Mixing	Blending	Baking	Frying Steamer
1	Mixer	1 Blender	1 Bundt Pan	2 Fryer/Skillet

CAUTION:

Advise trainees that care should be taken to avoid the impression that one is "snooping" around. Of course, CAUTION: (Continued)

the necessity to take inventory will depend to an extent on the capability of the client and how long the client has been ill and away from kitchen chores.

SUGGESTED LEARNING ACTIVITIES:

1. Compare lists of equipment, tools and appliances and describe the uses of each. Indicate which items may have dual functions.
2. Make a list of minimum appliances, tools and equipment needed to begin housekeeping.
3. Read warranties and discuss their meaning.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. B. Lippincott Company, 1973.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

When working in a home with which you are not familiar it is necessary to know what foods are already available before preparing menus and a marketing list.

DUTY:

Performing Meal Planning Functions

TASK:

Prepare an inventory of food on hand

PERFORMANCE OBJECTIVE:

When assigned to a kitchen and given an inventory form, the trainee will take an inventory of all foods, including staple items.

CRITERION-REFERENCED MEASURE:

Inventory all foods in the kitchen.

PERFORMANCE GUIDE:

1. Write name on inventory form.
2. Check cabinets and other storage areas where foods are stored and list foods in these storage areas.
3. Check refrigerator and freezer and list foods in these storage areas.

SUGGESTED LEARNING ACTIVITIES:

1. Make a chart of foods under various categories, such as: fresh, frozen, dried, canned.
2. Make a list of minimum essential foods to keep on hand in order to prepare meal for unexpected guest.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because the attitude and health of the client may be affected by diet, care should be taken in planning, preparing and serving nutritious and attractive meals.

DUTY:

Planning and Preparing Meals

TASK:

Plan nutritious meals

PERFORMANCE OBJECTIVE:

Given a patient and the necessary food and equipment, the trainee will plan and prepare nutritious (in terms of Basic Four Food Groups) and appetizing meals.

CRITERION-REFERENCED MEASURE:

Plan and prepare a meal which is balanced in terms of Basic Four Food Groups and appetizing.

PERFORMANCE GUIDE:

Plan a meal:

1. Check storage facilities to determine which foods are available.
2. Check with client to determine food preferences.
3. Consult with client (if physically able to participate) to see if it is desirable to purchase some items.
4. Refer to Basic Four Food Guide.
5. Determine food requirements based on all meals for the day (week, would be more desirable).
6. Determine the number of servings required from each food group.
7. Plan meals in accordance with family meal patterns.

SUGGESTED LEARNING ACTIVITIES:

1. Study Basic Four Food groups and various meal patterns.
2. Plan meals incorporating knowledge of nutritional requirements, family's meal patterns, and which also include a variety of textures, colors and recommended servings from the Basic Four Food groups.
3. Keep a daily record of foods eaten for a week and assess meals in terms of requirements in item 2, above.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

Fleck, Henrietta. Introduction to Nutrition. New York: The Macmillan Company, 1971.

Kowtaluk, Helen, Discovering Nutrition. Peoria: Chas. A. Bennett Company, Inc., 1980.

USDA. Family Fare: A Guide to Good Nutrition.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because trainees are preparing to serve the ill, incapacitated, and persons with limited acitivity and funds, and also because the trainee may have full responsibility for meals, the trainee must be skilled in planning, shopping for food, and preparing meals.

DUTY:

Performing Meal Planning Functions

TASK:

Make shopping list

PERFORMANCE OBJECTIVE:

After having consulted with the client and checked all food storage areas, the trainee will make a shopping list for groceries based on need and the amount of funds available.

CRITERION-REFERENCED MEASURE:

Make a marketing list of essential items, check and compare store ads, and select best buys in keeping with funds available and remaining within funds received.

PERFORMANCE GUIDE:

1. Consult with client about food preference and food needs.
2. Make a list of essential items taking into consideration funds available.
3. Check store advertisement and news media to compare prices.
4. Decide on best place to shop based on convenience, proximity to client's residence, mode of transportation and overall potential for best bargains.
5. Plan to use coupons or food stamps as available.
6. Decide on the best time to shop in light of other

PERFORMANCE GUIDE: (Continued)

duties, condition of client, and time when store is less likely to be crowded.

7. Go to the store.
8. Shop in an organized fashion, i.e., up one aisle and down the other.
9. Keep accurate records of funds received and funds spent, file receipts and report to client.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss the importance of adequate nutrition even when funds are at a minimum.
2. Discuss how the food dollar may be stretched.
3. Read the newspaper and other food ads and compare prices of foods needed.
4. Make a shopping list taking into consideration conservation of energy, funds and time when selecting the place(s) to shop.
5. Role play consulting with a client before making final decision about items needed and where to shop.
6. Prepare a list of items needed, give to each trainee and have trainees check ads and make price list to determine who is the thriftiest shopper.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Consumer Specialist

Extension Agent (Home Economics, Nutrition)

Manager, Supermarket

Rainey, Jean. How to Shop for Food. New York: National Association of Food Chains and Rainey, McEnroe and Manning, Inc., 1972

USDA. A Guide to Budgeting for the Family. Home and Garden, Vol. No. 108

USDA. A Guide to Budgeting for the Young Couple. Home and Garden, Vol. No. 98.

USDA. A Guide to Budgeting for the Retired Couple. Home and Garden, Vol. No. 194.

USDA. Food Guide for Older Folks. Home and Garden, Vol. No. 17.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because all meals should be planned taking into consideration the total day's nutritional requirements, breakfast should be planned to include its' proportion of the day's needs.

DUTY:

Performing Meal Planning Functions

TASK:

Plan menus for breakfast

PERFORMANCE OBJECTIVE:

Give a list of foods from the Basic Four Food Groups the trainee will plan menus for a medium breakfast using foods from each group and taking into consideration family food preferences, and principles of menu planning.

CRITERION-REFERENCED MEASURE:

Using foods from Basic Four Food Group, plan a medium breakfast.

PERFORMANCE GUIDE:

1. Study Basic Four Food Groups and make a note of recommended servings per day.
2. Applying principles of menu planning and incorporating percentage of nutrients, plan a medium breakfast which can be prepared in one half hour.

SUGGESTED LEARNING ACTIVITIES:

1. Review cookbook, Basic Four Food Groups and plan five medium breakfast menus.
2. Discuss the criteria for (1) light, (2) medium, and (3) heavy breakfast.

SUGGESTED LEARNING ACTIVITIES: (Continued)

3. Determine the percentage of the daily dietary allowance to be provided by breakfast.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

Kowtaluk, Helen and Kopan, Alice O. Food for Today. Peoria: Chas. A. Bennett Company, Inc., 1977.

USDA. Family Fare: A Guide to Good Nutrition.

White, Ruth Bennett. You and Your Food, Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food preparation and Service

GENERALIZATION:

Because the dinner table and its general appearance may be as much a part of the mealtime enjoyment as the food that is served trainees should understand the importance of acquiring skill in setting an attractive table and serving food orderly and efficiently.

DUTY:

Setting the table.

TASK:

Serving food.

PERFORMANCE OBJECTIVE:

Given a menu and appropriate supplies the trainee will plan the appropriate table setting and service as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Set a table and serve food correctly.

PERFORMANCE GUIDE:

1. Read menu.
2. Determine the order of service.
3. Determine the style of service.
4. Select dinnerware, glassware, flatware, table cover, napkins, and centerpiece.
5. Set table correctly and attractively
6. Serve food and beverage correctly.
7. Remove food correctly.
8. Clear the table.

SUGGESTED LEARNING ACTIVITIES:

1. Instructor demonstation of styles of meal service.
2. Look up pictures of table appointments in magazines and make a scrapbook and/or bulletin board of such pictures.
3. Discuss the importance of serving food in an attractive, pleasant, orderly atmosphere.
4. Visit a department store and make note of current fashions in table appointments.
5. Make centerpieces of easily accessible items; such as, flowers from the yard, fresh vegetables and fruit, candles or a combination of items.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A Bennett Co., Inc., 1972.

Lewis, Dora S., Peckham, Gladys C. and Hovey, Helen S. Family meals and Hospitality. New York: The Macmillan Company, 1960.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J.P. Lippincott Company, 1973.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

An attractively and correctly set table, food that is properly prepared and served, all contribute to the atmosphere for a pleasant meal time.

DUTY:

Serving Food

TASK:

Serve and remove food

PERFORMANCE OBJECTIVE:

Given a meal, appropriate tableware and table appointments the trainee will serve a meal by setting the table attractively and correctly, present food properly and at the correct temperature as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Set table correctly and attractively and serve food at the correct temperature and in the right order.

PERFORMANCE GUIDE:

1. Check menu.
2. Assemble needed tableware, table appointments and other supplies.
3. Select serving dishes and flatware.
4. Set table.
5. Select or arrange centerpiece.
6. Arrange food items for service.
7. Keep food at proper temperature.
8. Invite guest to the table.
9. Serve and remove food according to type of service required.

SUGGESTED LEARNING ACTIVITIES:

1. Demonstrate various meal service such as American Plan, Russian Plan and Continental Plan.
2. Demonstrate the use of simple and attractive table decorations and centerpieces from available materials such as fresh flowers, fresh fruits and vegetables and candles.
3. Discuss the reasons for rules for table service and table manners.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

Kowtaluk, Helen and Kopan, Alice O. Food For Today. Peoria: Chas. A. Bennett Co., Inc., 1977.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice Hall, Inc. 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Prompt and safe storage of food is necessary to conserve nutritive value and appearance, prevent food spoilage and waste and to avoid illness which is caused by harmful bacteria which is formed when food is not stored promptly and properly.

DUTY:

Storing Food

TASK:

Store food

PERFORMANCE OBJECTIVE:

Given various foods such as fresh, frozen, canned and leftover foods, the trainee will store them promptly, properly and safely as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Store various foods promptly, properly and safely.

PERFORMANCE GUIDE:

1. Review storage guide for foods.
2. Determine appropriate storage facility for certain foods.
3. Select appropriate container.
4. Pre-process, if required. (Example: washing, blanching).
5. Place in selected container.
6. Store in appropriate storage facility.

SUGGESTED LEARNING ACTIVITIES:

1. Read and discuss storage guide for foods and possible alternatives when adequate facilities are not available.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Make a chart indicating the recommended storage facilities and length of time various foods may be safely stored.
3. Describe the condition and appearance of food that is unsafe to eat.
4. List some antidotes for counteracting the ill effects of spoiled food.
5. Discuss the reasons food containers and wrappers are dated.
6. Discuss how storage and care may affect the nutritive value of foods, their appearance and taste.
7. Trainees may share personal experiences with reference to problems caused by improperly stored foods.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

USDA. Keeping Food Safe to Eat: A Guide for Homemakers. G162.

USDA. Storing Perishables in the Home. G78.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because accuracy in measuring ingredients has an affect on the finished product, it is important to learn to measure ingredients accurately.

DUTY:

Preparing Food

TASK:

Measure dry and liquid ingredients

PERFORMANCE OBJECTIVE:

Given appropriate measuring tools, supplies and ingredients, the trainee will use the correct procedures for measuring liquid and dry ingredients as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Use appropriate procedures to measure liquid and dry ingredients.

PERFORMANCE GUIDE:

1. Select from among tools and supplies those necessary to measure the ingredients assigned.
2. Measure dry ingredients and level off utensil or spoon as appropriate.
3. Measure liquid ingredients on level surface and determine eye level position.

SUGGESTED LEARNING ACTIVITIES:

1. After measuring liquid and dry ingredients trainees may be asked to make plain muffins.
2. As a pretest, instructor may have supplies on tray and ask trainees to measure liquid and dry ingredients

SUGGESTED LEARNING ACTIVITIES: (Continued)

while they are being observed by the members of the class. Use checklist to record observance of accuracy and appropriate procedures for measuring ingredients.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

Kowtaluk, Helen. Discovering Food. Peoria: Chas. A. Bennett Company, Inc., 1978.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Since eggs are an excellent source of protein, readily available and require very little time to prepare, they have become almost synonymous with the American breakfast.

DUTY:

Cooking Food

TASK:

Cook eggs

PERFORMANCE OBJECTIVE:

Given a cookbook, supplies, tools, equipment and appropriate ingredients, the trainee will prepare eggs using three methods and observe the criteria for each method used as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Prepare eggs according to the following methods: poaching, frying and hard cooked.

PERFORMANCE GUIDE:

1. Read recipes.
2. Gather supplies, equipment, and ingredients.
3. Follow recipe as required for method chosen.

SUGGESTED LEARNING ACTIVITIES:

1. Instructor demonstrates the important points in egg and other protein cookery.
2. Describe the appearance and texture of an egg that has been overcooked.
3. Discuss dinner menus in which eggs may be used as the main dish.
4. Discuss myths and facts about eggs in the diet.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

USDA. Eggs in Family Meals: A Guide for Consumers. G-103.

USDA. How to Buy Eggs. G-144.

USDA. How to Buy Dairy Products. G-201.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Breads are fillers which add a special touch to a meal while also providing nutrients.

DUTY:

Baking Breads

TASK:

Make quick breads

PERFORMANCE OBJECTIVE:

Given a recipe for quick breads, necessary equipment, supplies and ingredients, the trainee will make quick breads in accordance with criteria determined by the instructor.

CRITERION-REFERENCED MEASURE:

Make quick breads such as biscuits or muffins according to established criteria.

PERFORMANCE GUIDE:

1. Read recipe.
2. Assemble equipment, supplies and ingredients.
3. Set oven temperature as directed.
4. Prepare pan.
5. Sift and measure dry ingredients.
6. Measure shortening.
7. Cut shortening into dry ingredients.
8. Measure liquid.
9. Add liquids, including egg if required.
10. Stir just enough to mix.
11. Or if biscuits, knead.
12. Or if muffins, fill muffin cups 2/3 full.
13. Bake in preheated oven until golden brown in color.
14. Remove from oven promptly.

SUGGESTED LEARNING ACTIVITIES:

1. Have each trainee practice making hot breads.
2. Discuss the saving to a family when they make their own breads.
3. Demonstrate and discuss the criteria for a plain muffin, biscuit and bran muffins as to outside characteristics and inside characteristics.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks

Kowtaluk, Helen and Kopan, Alice O. Food for Today. Peoria: Chas. A. Bennett Company, Inc., 1977.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams, Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

USDA. Bread, Cakes and Pies in Family Meals: A Guide for Consumers. G-186.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

While coffee alone provides no food value, it is a custom to serve coffee at meals, particularly breakfast, in many American homes and coffee is also offered to guests at other times.

DUTY:

Preparing Beverages

TASK:

Make coffee

PERFORMANCE OBJECTIVE:

Given a recipe, necessary equipment, supplies, and a variety of coffee, the trainee will make coffee using one of the following methods: percolator, drip, steep, vacuum and instant. Such coffee must be free of grounds, have good clear color, flavorful and pleasant aroma.

CRITERION-REFERENCED MEASURE:

Make coffee by percolating, steeping, dripping or vacuuming.

PERFORMANCE GUIDE:

1. Read directions on coffee label.
2. Gather equipment, supplies and ingredients.
3. Place decided amount of coffee in coffee pot.
4. Add liquid as directed.
5. Brew.
6. Throw away the grounds immediately.

SUGGESTED LEARNING ACTIVITIES:

1. Have a coffee Klatch and serve a variety of coffee.
2. Discuss the advantages and disadvantages of serving instant vs. brewed coffee.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Representative from a Coffee Distributor

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Planning is important to achieving adequate nutrition. Because the importance of economy and efficiency on the job cannot be overemphasized, the value of preparation of a market order can be a means of saving time and money when shopping.

DUTY:

Performing Meal Planning Functions

TASK:

Plan nutritious and economical meals

PERFORMANCE OBJECTIVE:

When advised of the amount of money available for food the trainee will plan meals for a week which are nutritious, appetizing, include variety in texture and color and within the allocated budget, keeping in mind the preferences of the client and size of family.

CRITERION-REFERENCED MEASURE:

Using current market ads, a cookbook and the Basic Four Foods as a guide, the trainee plans meals for a week for a family of four which are nutritious, appetizing, varied in texture and color and within the budgeted allocation.

PERFORMANCE GUIDE:

1. Discuss with the client food preferences and desires concerning meals, including dietary restrictions.
2. Read newspaper ads and/or flyers and make a list of foods that are on special sale under the following categories:

   Meat Breads & Cereals Dairy Products Fruits & Vegetables

3. Selecting food from each group plan menu for each day of the week.

PERFORMANCE GUIDE: (Continued)

4. Plan menu using same meat group twice during the week.
5. After reviewing inventory of foods available, utilizing newspaper ads, and planning menus make market list.

SUGGESTED LEARNING ACTIVITIES:

1. Compare the following when taking into consideration nutrition, money, time, energy, cooking and storage facilities:
    a. Frozen vs. canned foods
    b. Packaged and prepared vs. home mixed foods
    c. Privately owned vs. chainstore buying
2. Visit supermarkets and convenience stores and compare prices of various items of food.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks

Newspaper Ads and Store Flyers

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

USDA. Your Money's Worth in Food.

USDA. Money Saving Main Dishes.

USDA. Family Food Budgeting...for Good Meals and Good Nutrition.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because adequate nutrition depends on the total daily intake of foods and should include a certain number of servings from each food group, menus should be planned taking into consideration the total intake of food for the day.

DUTY:

Performing Meal Planning Functions

TASK:

Plan menus for lunch

PERFORMANCE OBJECTIVE:

Given a list of foods from the Basic Four Food Groups and cookbooks, the trainee will plan menus for lunch using foods from each group and observing principles of menu planning, an awareness of breakfast menu previously planned, and family preferences.

CRITERION-REFERENCED MEASURE:

Plan menu for lunch incorporating requirements outlined above.

PERFORMANCE GUIDE:

1. Review Basic Four Food Groups.
2. Review breakfast menu.
3. Review principles of menu planning.
4. Peruse cookbook.
5. Select foods.
6. Plan menu.

SUGGESTED LEARNING ACTIVITIES:

1. Look up luncheon menus in a cookbook.
2. Plan menus for four luncheons. Critique each other's menus.

SUGGESTED LEARNING ACTIVITIES: (Continued)

3. Prepare a simple luncheon.
4. Discuss adaptations that may be necessary when working for a family whose utilities may have been interrupted.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marian L., and Atwood June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

USDA. Family Fare: A Guide to Good Nutrition.

USDA. Money Saving Main Dishes.

USDA. Eggs in Family Meals: A Guide for Consumers.

USDA. Vegetables in Family Meals: A Guide for Consumers.

USDA. Poultry in Family Meals: A Guide for Consumers.

USDA. Cheese in Family Meals: A Guide for Consumers.

USDA. Beef and Veal in Family Meals: A Guide for Consumers.

USDA. Fruits in Family Meals: A Guide for Consumers.

USDA. Pork in Family Meals: A Guide for Consumers.

USDA. Milk in Family Meals: A Guide for Consumers.

USDA. Cereals and Pasta in Family Meals: A Guide for Consumers.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because soup is very satisying when persons are not feeling well and can be a meal in itself, an understanding of the variety of ways to prepare soup is one way of providing a simple but nutritious and economical meal.

DUTY:

Cooking Soup

TASK:

Prepare soup

PERFORMANCE OBJECTIVE:

Given a recipe for soup, necessary equipment, supplies and ingredients, the trainee will follow directions in recipe for making soup and prepare soup that has good flavor, aroma, color and texture.

CRITERION-REFERENCED MEASURE:

Make soup that is appetizing, flavorful and wholesome.

PERFORMANCE GUIDE:

1. Read recipe.
2. Assemble equipment, supplies and ingredients.
3. Prepare ingredients as directed, such as peeling, dicing, washing.
4. Place ingredients in kettle as directed.
5. Cover and simmer.
6. If meat stock base soup, allow meat to cook until done before adding vegetables.
7. Season as desired.

SUGGESTED LEARNING ACTIVITIES:

1. Review the various ways of preparing and serving soup.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Make a variety of soups and chowders using recipes from various ethnic cookbooks.
3. Distinguish between soups served as appetizers and soups served as main dishes.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks

USDA. Family Fare: A Guide to Good Nutrition. G-1.

USDA. Money Saving Main Dishes. G-43.

USDA. Milk in Family Meals: A Guide for Consumers. G-127.

USDA. Food for Thrifty Families. Unnumbered.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because it is not always convenient to prepare and serve a hot meal (particularly when homemaker-home health aides serve more than one client) it is desirable to be able to prepare a variety of sandwiches to make the meal nutritional, appetizing and readily available to the client.

DUTY:

Preparing Food

TASK:

Make sandwiches

PERFORMANCE OBJECTIVE:

Given a cookbook, necessary ingredients and equipment, the trainee will follow recipes and prepare three types of sandwiches as assigned and evaluated by the instructor.

CRITERION-REFERENCED MEASURE:

Prepare three types of sandwiches.

PERFORMANCE GUIDE:

1. Refer to the cookbook for recipes utilizing the ingredients provided.
2. Select recipes.
3. Assemble equipment, tools and utensils.
4. Follow recipe to prepare ingredients.
5. If recipe requires that ingredients be cooked, cook ingredients.
6. Spread or assemble on bread, as directed.

SUGGESTED LEARNING ACTIVITIES:

1. Instructor demonstrates preparing sandwiches for various occasions such as picnic, school lunch and teas.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Describe precautions to be taken when sandwiches will not be refrigerated prior to eating.
3. Discuss the importance of considering snacks as a part of the daily nutrient requirements.
4. Make a list of sandwiches that may be made from the usual staple and dairy items found in the refrigerator.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

USDA. Bread, Cakes and Pies in Family Meals: A Guide for Consumers. G-186.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because broiling is a way of cooking meat without the addition of fat, broiling meat is highly recommended for persons who desire to restrict their calories and/or fat.

DUTY:

Cooking Meat

TASK:

Broil meat

PERFORMANCE OBJECTIVE:

Given a recipe, necessary equipment, supplies and ingredients, the trainee will broil a given meat to the desired tenderness and brown color.

CRITERION-REFERENCED MEASURE:

Broil meat in accordance with instructions for broiling.

PERFORMANCE GUIDE:

1. Read recipe.
2. Assemble equipment, supplies and ingredients.
3. Set oven temperature to broil.
4. Score meat if it contains a fat rim.
5. Place on broiler pan under broiler.
6. Cook meat until brown and of desired tenderness.
7. Remove from broiler immediately.

SUGGESTED LEARNING ACTIVITIES:

1. Compare meat that is cooked in a broiler with that which has been pan-broiled. Note the differences.
2. Discuss the relation of the quality of meat to the method of cookery.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Butcher

Kowtaluk, Helen. *Discovering Food*, Peoria: Chas. A. Bennett Company, Inc., 1978.

Kowtaluk, Helen and Kopan, Alice O. *Food for Today*, Peoria: Chas. A. Bennett Company, Inc., 1977.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. *Food for Modern Living*, Philadelphia: J. P. Lippincott Company, 1973.

USDA. *Beef and Veal in Family Meals: A Guide for Consumers*, G-118.

USDA. *Lamb in Family Meals: A Guide for Consumers*, G-124.

USDA. *Poultry in Family Meals: A Guide for Consumers*, G-110.

USDA. *Pork in Family Meals: A Guide for Consumers*, G-160.

White, Ruth Bennett. *You and Your Food*, Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Salads are nutritious, convenient and attractive ways of including fruits and vegetables in the diet and when using vegetables and fruit in season, may also be an economical way.

DUTY:

Preparing Vegetables and Fruits

TASK:

Make salads

PERFORMANCE OBJECTIVE:

Given a cookbook, equipment, supplies, a variety of vegetables and fruits the trainee will prepare salads for use as an appetizer, main dish and side dish in accordance with established criteria for each type of salad as evaluated by the instructor.

CRITERION-REFERENCED MEASURE:

Prepare a salad to be served as one of the following: an appetizer, a main dish and as a side dish. Salad should meet criteria established for salads in its category.

PERFORMANCE GUIDE:

1. Read salad section of cookbook and select recipes in accordance with vegetables and fruits provided.
2. Assemble equipment and ingredients.
3. Wash and prepare vegetables and fruits as directed.
4. Combine vegetables and/or fruits with other ingredients such as dressings.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss the role of vegetables and fruits in the diet.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Share ideas about favorite salads.
3. Discuss the substitution of items in a salad. For example, using canned instead of fresh pears, vinegar instead of lemon juice, etc.
4. Discuss considerations that must be taken when preparing salads for the young child and the aging person who may have problems chewing.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks

Kowtaluk, Helen and Kopan, Alice O. Food for Today. Peoria: Chas. A. Bennett Company, Inc., 1977.

USDA. Fruits in Family Meals: A Guide for Consumers. G-125.

USDA. Vegetables in Family Meals: A Guide for Consumers. G-105.

USDA. Food and Your Weight. G-74.

USDA. Food for the Family - A Cost Saving Plan. G-209.

USDA. How to Buy Fresh Fruits. G-141.

USDA. How to Buy Fresh Vegetables. G-143.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Combining vegetables or fruits with gelatin increases the nutritive value of vegetables and fruit dishes and makes for attractive, appetizing and simple dishes.

DUTY:

Preparing Vegetables and Fruits

TASK:

Make congealed salads and desserts

PERFORMANCE OBJECTIVE:

Given a cookbook, necessary equipment, supplies and ingredients, select a recipe and prepare a congealed dessert or fruit or vegetable salad by using plain or flavored gelatin. Appearance, texture, firmness and consistency of dessert or salad should meet criteria established by the instructor.

CRITERION-REFERENCED MEASURE:

Prepare a congealed dessert or salad which meets preestablished criteria as to appearance, texture, firmness and consistency.

PERFORMANCE GUIDE:

1. Read appropriate section of cookbook and select a recipe for the ingredients provided.
2. Assemble equipment, supplies and ingredients.
3. Heat water to boiling.
4. If using plain gelatin, soak in cold water until soft.
5. Add hot liquid to soaked gelatin.
6. If using flavored gelatin, add correct amount of hot water to gelatin.
7. Stir until completely dissolved.
8. Add remaining ingredients or if required, place in

PERFORMANCE GUIDE: (Continued)

refrigerator to allow to begin jelling then add ingredients such as fruit or vegetables.
9. Pour into molds or other utensils.
10. Return to refrigerator and allow to set until firm.

SUGGESTED LEARNING ACTIVITIES:

1. Experiment with making congealed salads and desserts by adding foods from the dairy group.
2. Demonstrate making gelatin candies.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks

Nutritionist - Diary Council

USDA. How to Buy Dairy Products. G-201.

USDA. Food for Thrifty Families - Unnumbered

USDA. Fruits in Family Meals: A Guide for Consumers. G-125.

USDA. Vegetables in Family Meals: A Guide for Consumers. G-105.

USDA. How to Buy Fresh Fruits. G-141.

USDA. How to Buy Fresh Vegetables. G-143.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc. 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

A pleasant, stimulating beverage may be used as a substitute for a high caloric snack.

DUTY:

Preparing Beverages

TASK:

Brew tea

PERFORMANCE OBJECTIVE:

Given a cookbook or directions on the package, bulk tea and individual tea bags, necessary equipment and tools, the trainee will follow a recipe to prepare tea which is mild, clear, flavorful and free of tea leaves.

CRITERION-REFERENCED MEASURE:

Prepare tea as directed by instructor.

PERFORMANCE GUIDE:

1. Read recipe.
2. Gather supplies and equipment.
3. Rinse the teapot with boiling water.
4. Bring fresh, cold water to a full rolling boil.
5. Measure tea and place in desired container.
6. Pour desired amount of freshly boiled water over tea bags or tea leaves.
7. Steep for three to five minutes.
8. If using loose tea leaves, strain tea before serving.

SUGGESTED LEARNING ACTIVITIES:

1. Prepare as many variations of the basic tea recipes as the class would like.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Make iced tea.
3. Collect and exchange recipes among class members.
4. Present a variety of teas to the class, and have tea sampling party.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Kowtaluk, Helen and Kopan, Alice O. Food for Today. Peoria: Chas. A. Bennett Company, Inc., 1977.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because various foods require different preparation and efficiency in planning requires scheduling work to be done, the trainee should become aware of the necessity to plan a schedule of preparation time in order that all foods may be ready at the time meals are to be served.

DUTY:

Performing Meal Planning Functions

TASK:

Plan menus

PERFORMANCE OBJECTIVE:

Given a menu and appropriate recipes, the trainee will determine the order in which the various foods should be prepared in order to have all foods ready at the time the meal is to be served as judged by the instructor.

CRITERION-REFERENCED MEASURE:

List the order of the preparation of foods on a given menu.

PERFORMANCE GUIDE:

1. Review a menu and the recipes to determine preparation time.
2. Make a schedule indicating the order in which foods will be prepared. Check equipment/tools to be used.
3. Indicate which foods are to be prepared in states. For example: preparing jello, allowing to congeal and then whipping and returning to refrigerator. Plan a work schedule taking into consideration preparation time, and the fact that the same appliances may be required for more than one dish.

SUGGESTED LEARNING ACTIVITIES:

1. Make a list of various foods and their preparation time.
2. Select dinner menus that require less than one hour preparation time.
3. List foods that may be prepared a day in advance.
4. Have trainees select various foods to prepare and compare preparation time.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Betty Crocker's Cookbook

Ebony Cookbook

Good Housekeeping New Basic Cookery

Other Cookbooks

Kowtaluk, Helen and Kopan, Alice O. Food for Today. Peoria: Chas. A. Bennett Company, Inc., 1977.

Kowtaluk, Helen. Discovering Food. Peoria: Chas. A. Bennett Company, Inc., 1978.

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams, Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because trainees will be employed in various families it is desirable to be aware of different meal patterns

DUTY:

Performing Meal Planning Functions

TASK:

Plan menus following various meal patterns

PERFORMANCE OBJECTIVE:

Given a variety of menus, the student will be able to distinguish among various meal patterns.

CRITERION-REFERENCED MEASURE:

Plan menus in keeping with various meal patterns.

PERFORMANCE GUIDE:

1. Describe the contents of various meal-patterns and label same.
2. Plan menu following particular meal pattern.

SUGGESTED LEARNING ACTIVITIES:

1. Collect menus from restaurants.
2. Look at various menus and determine meal patterns.
3. Discuss own families meal pattern.
4. Discuss the place of snacks in family meals.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks

Home Economics Teacher

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT: (Continued)

Nutritionist

Kowtaluk, Helen and Kopan, Alice O. Food for Today.
Peoria: Chas. A. Bennett Company, Inc., 1977.

McDermott, Irene E. Trilling, Mabel B. and Nicholas,
Florence Williams. Food for Modern Living.
Philadelphia: J. P. Lippincott Company, 1973.

White, Ruth Bennett. You and Your Food, Englewood Cliffs,
N.J.: Prentice Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Since all meals should provide a portion of the daily nutrient requirements, in planning for dinner menus one should make sure they complete the daily requirements by reviewing the breakfast and luncheon menus.

DUTY:

Performing Meal Planning Functions

TASK:

Plan menus for dinner

PERFORMANCE OBJECTIVE:

Referring to the breakfast and luncheon menus planned, and given a list of Basic Four Food Groups, the trainee will plan menus for dinner observing principles of meal planning and family preferences.

CRITERION-REFERENCED MEASURE:

Plan menu for dinner incorporating requirements outlined above.

PERFORMANCE GUIDE:

1. Review breakfast menu.
2. Review luncheon menu.
3. Review Basic Four Food Groups.
4. Review principles of menu planning.
5. Refer to cookbook.
6. Select foods.
7. Plan menu considering family preferences.

SUGGESTED LEARNING ACTIVITIES:

1. Review cookbooks and food books, and other materials

SUGGESTED LEARNING ACTIVITIES: (Continued)

and plan menus for dinner incorporating principles of meal planning and items from Basic Four Food Groups.

2. Traines may critique each others menu using a checklist provided by the teacher or devised by the trainees.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Food Magazines, Cookbooks, and Food Sections of Local Newspaper.

Kowtaluk, Helen. Discovering Food. Peoria: Chas. A. Bennett Company, Inc.

Kowtaluk, Helen and Kopan, Alice O. Food for Today. Peoria: Chas. A. Bennett Company, Inc., 1977.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Since persons who are ill or distressed often suffer loss of appetite, when meals include family food preference and customs such persons are usually stimulated to eat their meals.

DUTY:

Performing Meal Planning Functions

TASK:

Adapt menus to include family preferences and customs

PERFORMANCE OBJECTIVE:

Given a list of menus and knowledge of family perferences and customs the trainee will adapt menus accordingly.

CRITERION-REFERENCED MEASURE:

Applying the knowledge of family food preferences and customs plan menus which include at least one family food preference or custom each day/meal.

PERFORMANCE GUIDE:

1. Consult with family members re food preference and custom.
2. Make a list of family food preferences.
3. Plan menus including at least one family food preference or custom each day.

SUGGESTED LEARNING ACTIVITIES:

1. Read about cultural and religious customs that influence food preferences.
2. Role play situation in which it becomes necessary to inquire why client has not been eating food served.
3. Plan simple ways to include various ethnic influences in meals.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks (Ethnic)

Invite persons from various ethnic groups to demonstrate and discuss their food customs.

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

Katz, Deborah and Goodwin, Mary T. Food: Where Nutrition Politics and Culture Meet. Washington: Center for Science in the Public Interest, 1976.

Kowtaluk, Helen and Kopan, Alice O. Food for Today. Peoria: Chas. A. Bennett Company, Inc., 1977.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Ingenuity in using canned goods makes possible quick, nutritious, and economical meals.

DUTY:

Performing Preparation Functions

TASK:

Plan and prepare a dinner

PERFORMANCE OBJECTIVE:

Given appropriate tools and supplies the trainee will plan and prepare a dinner utilizing canned goods, which is quick, nutritious, palatable, appetizing and economical. Make out a plan of work and have it checked by the instructor prior to actual food preparation.

CRITERION-REFERENCED MEASURE:

Prepare a dinner which meets above criteria.

PERFORMANCE GUIDE:

1. Discuss food preferences with client.
2. Check food storage areas.
3. Review cookbooks, if needed.
4. Plan menu incorporating above criteria.
5. Assemble utensils.
6. Assemble supplies (canned goods)
7. Prepare dishes in the order of time required for preparation so as to have all foods ready at the proper time.
8. Plan manner of service.
9. Serve food attractively and of proper temperature.
10. Store leftovers safely.
11. Clean utensils.

PERFORMANCE GUIDE: (Continued)

12. Store utensils.
13. Evaluate preparation, product and service.

SUGGESTED LEARNING ACTIVITIES:

1. Share ideas about use of a variety of canned goods for all courses in a meal.
2. Discuss how to improve on the flavor and appearances of canned goods.
3. Demonstrate methods of preparing vegetables and fruits.
4. Demonstrate ways of using canned meats in a meal.
5. Collect menus using canned goods.
6. Discuss the advantages of using canned goods for persons on a limited income, paid once a month and have limited storage and cooking facilities.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J.P. Lippincott Company, 1973.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because nutritive value may be destroyed when vegetables are not prepared according to the proper principles of cookery, it is important to learn to cook vegetables properly.

DUTY:

Preparing and Cooking Vegetables

TASK:

Cook vegetables by boiling, simmering and steaming

PERFORMANCE OBJECTIVE:

Given recipes, necessary equipment, supplies and vegetables, the trainee will prepare vegetables by either boiling, simmering or steaming as acceptable by criteria established by the instructor.

CRITERION-REFERENCED MEASURE:

Boil, simmer or steam a vegetable preserving its color, flavor, texture and nutritive value.

PERFORMANCE GUIDE:

1. Read recipe.
2. Gather supplies, equipment and ingredients.
3. Prepare vegetables for cooking as required, such as paring, dicing, washing.
4. Add required amount of liquid and other ingredients to desired saucepan.
5. Heat liquid until it boils.
6. Place vegetables in saucepan.
7. Cover if required.
8. Cook as directed.
9. When complete, remove from heat.

SUGGESTED LEARNING ACTIVITIES:

1. Instructor demonstrates a variety of ways of preparing vegetables both cooked and raw.
2. Discuss ways of utilizing leftover vegetables as main dish extenders.
3. Make a list of a variety of vegetables and indicate the nutrients which they supply.
4. Make a checklist of criteria for judging properly cooked vegetable.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Dietitian

Knowtaluk, Helen. Discovering Food. Peoria: Chas. A. Bennett Company, Inc., 1978.

Kowtaluk, Helen and Kopan, Alice O. Food for Today. Peoria: Chas. A. Bennett Company, Inc., 1977.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

USDA. Vegetables in Family Meals: A Guide for Consumer. G-105.

USDA. How to Buy Fresh Vegetables. G-143.

USDA. How to Buy Canned and Frozen Vegetables. G-167.

USDA. How to Buy Peas, Beans, and Lentils. G-177.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

One method of enhancing creativity and variety when preparing vegetables and fruits is by glazing.

DUTY:

Preparing Vegetables and Fruits

TASK:

Glaze vegetables and fruits

PERFORMANCE OBJECTIVE:

Given a recipe for glazing, appropriate equipment, supplies and fruits and vegetables, the trainee will glaze foods using one of two methods: oven glazing or top of range glazing. The glaze must meet the following criteria: smooth, transparent, attractive color and pleasing flavor.

CRITERION-REFERENCED MEASURE:

Glaze fruit or vegetable according to recommended method and criteria.

PERFORMANCE GUIDE:

1. Read recipe.
2. Assemble equipment, supplies and ingredients.
3. Wash and prepare fruits and vegetables as directed.
4. Place water in saucepan and bring to a boil.
5. Add fruit or vegetables and cook until slightly tender.
6. Drain fruits or vegetables and follow one of the following methods:

Oven Glazing Method

7. Place fruits or vegetables in a baking dish.
8. Sprinkle with sugar.
9. Add small amount of liquid.

PERFORMANCE GUIDE: (Continued)

10. Place in oven.
11. Cook until well glazed at appropriate temperature.
12. Remove from oven.

Top of Range Glazing Method

7. Place required amount of margarine and sugar in saucepan.
8. Add drained fruit or vegetables.
9. Cook until tender and glazed.
10. Remove from heat.

SUGGESTED LEARNING ACTIVITIES:

1. Suggest various vegetables and fruits that may make a pleasing and flavorful combination when glazed together. Experiment with using some of these suggestions in cooking. Have trainee evaluate the products.
2. Experiment with making fruit leather.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks

USDA. Fruits in Family Meals: A Guide for Consumers. G-125.

USDA. Vegetables in Family Meals: A Guide for Consumers. G-105.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because the method of cookery affects the palatability of the finished product, it is important to know which methods of cookery are suitable for the quality of the meat purchased.

DUTY:

Cooking Meats

TASK:

Cook meats by braising

PERFORMANCE OBJECTIVE:

Given a cookbook, supplies, equipment and ingredients the trainee will prepare meat by braising producing a product that is tender, juicy, brown, appetizing and palatable as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Prepare a food from the meat group by braising.

PERFORMANCE GUIDE:

1. Select and read recipe.
2. Gather supplies, equipment and ingredients.
3. Cut up meat, and wash, if required.
4. Season and/or marinate, if required.
5. Place small amount of fat in cooking utensil on top of burner.
6. Brown meat on all sides uncovered.
7. Add small amount of liquid.
8. To assure accuracy of doneness, place thermometer in thick portion of meat being careful not to touch bone.
9. Cover meat and cook slowly until thermometer registers the desired temperature.
10. If meat thermometer is not available, cook required amount of time as indicated in recipe.

SUGGESTED LEARNING ACTIVITIES:

1. Instructor demonstrates ways of utilizing cheaper cuts of meats by employing particular methods of cookery.
2. Explain how the amount of funds available for food and the amount of time for preparation may influence our choice of foods.
3. Share ideas about cutting costs and preparation time while providing family with nutritious meals.
4. Compare prices in the newspaper of various foods from the meat group and relative food quality.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Butcher from Local Supermarket

Home Economics Extension Agent

Nutritionists from Dairy Council or Public Health Nutritionists

Kowtaluk, Helen, Discovering Food. Peoria: Chas. A. Bennett Company, Inc., 1978.

USDA. Family Fare, A Guide to Good Nutrition. G-1.

USDA. Food for the Family - A Cost Saving Plan.

USDA. Nutritive Value of Foods.

USDA. A Daily Food Guide.

USDA. Quick Meals.

USDA. Money-Saving Main Dishes. G-40.

USDA. Poultry in Family Meals: A Guide for Consumers. G-110.

USDA. Beef and Veal in Family Meals: A Guide for Consumers. G-118.

USDA. Lamb in Family Meals: A Guide for Consumers. G-124.

USDA. Pork in Family Meals: A Guide for Consumers. G-160.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

When planning meals, an awareness of the kind, form and process in which different foods may be found, can contribute to the overall economy of the meal in terms of cost and amount of time for preparation.

DUTY:

Performing Meal Planning Functions

TASK:

Use substitutes in a meal

PERFORMANCE OBJECTIVE:

Given a menu and a standard recipe, the trainee will select the most appropriate and economical processed food as a substitute for the particular item.

CRITERION-REFERENCED MEASURE:

The instructor will select a menu and recipe in which the trainee will make appropriate substitutions.

PERFORMANCE GUIDE:

1. Read the menu and determine which item may be substituted without interfering with the nutritious quality of the meal.
2. Analyze the menu in terms of the relationship of the ingredients to nutrients.
3. Determine the food to be used in terms of the amount of time available for preparation.

SUGGESTED LEARNING ACTIVITIES:

1. Read a recipe book, select certain meat dishes and make substitution of food of equivalent nutritional value.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Read recipe book, select recipes in which substitutions may be used in terms of how the food is processed: For example: use of tomato puree vice tomato sauce or paste.
3. Trainees may share ideas of substitutions they regularly employ in meal preparation.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Creative use of leftover foods enhances their acceptability by family members.

DUTY:

Performing Meal Planning Functions

TASK:

Plan a menu which utilizes leftovers

PERFORMANCE OBJECTIVE:

Given a list of the Basic Four Food Groups and two leftover meats plan two nutritious menus for dinner incorporating the leftover foods and following the principles of menu planning.

CRITERION-REFERENCED MEASURE:

Plan two dinner menus incorporating leftover meats and applying principles of nutrition and menu planning.

PERFORMANCE GUIDE:

1. Review Basic Four Food Groups.
2. Determine creative use of two leftover foods from the meat group.
3. Plan two menus which include foods from each food group, a variety of textures, flavor, color, shapes, and temperatures.
4. Write menus following menu writing format below:
    a. Capitalize all words except articles, prepositions, and descriptive material.
    b. Describe foods accurately.
    c. Arrange foods in the order in which they are eaten in a meal.
    d. Give the main course the most prominent place in the menu.
    e. Beverage is usually listed as the last item on the menu.

SUGGESTED LEARNING ACTIVITIES:

1. Practice writing menus.
2. Look up creative ways to use leftover foods.
3. Discuss the advantages of purchasing and cooking in quantities sufficient to have food left over.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Kowtaluk, Helen and Kopan, Alice O. Food for Today. Peoria: Chas. A. Bennett Company, Inc., 1977.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

White, Ruth Bennett, You and Your Food. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

The aroma of bread baking not only stimulates the appetite but makes the family feel pampered.

DUTY:

Baking Breads

TASK:

Make yeast breads

PERFORMANCE OBJECTIVE:

Given a recipe for yeast breads, equipment, and ingredients, the trainee will make yeast breads which are light, flavorful and well shaped.

CRITERION-REFERENCED MEASURE:

Make yeast breads and use a variety of shapes.

PERFORMANCE GUIDE:

1. Read recipe.
2. Assemble equipment, supplies, and measure ingredients.
3. In small saucepan heat liquid, add desired amount of sugar, salt and butter or margarine.
4. Cool liquid to lukewarm.
5. Sprinkle yeast over lukewarm water in a large bowl and add remaining liquid.
6. Add half of the flour and beat with wooden spoon until smooth.
7. Add remaining flour and mix with hand.
8. Turn onto lightly floured board, cover and let rest about ten minutes.
9. Knead until dough is smooth and elastic.
10. Place in lightly greased large bowl.
11. Cover with towel.
12. Let rise in warm place free of drafts until double in bulk (about one hour).

PERFORMANCE GUIDE: (Continued)

13. Punch down dough with fist prior to turning out on lightly floured board or pastry cloth.
14. Divide in half, shape in two balls, cover and allow to rest for ten minutes.
15. Shape each portion into loaf and place into pan.
16. Brush top of each loaf with melted butter.
17. Cover with towel and allow to rise in warm place until double in bulk (about one hour).
18. Preheat oven to 400°F.
19. Remove from pans immediately and cool on wide rack, away from draft.

SUGGESTED LEARNING ACTIVITIES:

1. Compare the cost of bread made at home and that purchased from the bakery.
2. Discuss reasons for baking bread at home.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Betty Crocker's Cookbook

Ebony Cookbook

Goodhousekeeping Cookbook

Pillsbury Cookbook

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

USDA - Breads, Cakes and Pies in Family Meals: A Guide for Consumers. G-186.

White, Ruth Bennett. You and Your Food. Englewood Cliffs, N.J.: Prentice Hall, Inc., 1971.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because meal patterns often include dessert at dinner, trainees may be expected to prepare simple desserts.

DUTY:

Performing Food Preparation Function

TASK:

Make desserts

PERFORMANCE OBJECTIVE:

Given a request to prepare desserts, appropriate tools and supplies, the trainee will prepare desserts which are simple to prepare, nutritious, light consistency, and attractive.

CRITERION-REFERENCED MEASURE:

Prepare three desserts which are simple to prepare, nutritious, and attractive.

PERFORMANCE GUIDE:

1. Review cookbook or other instructions.
2. Check for availability of utensils and supplies.
3. Solicit aid of client in deciding on dessert(s); such as, a fruit, gelatin, custard, or pudding.
4. Assemble utensils.
5. Assemble ingredients.
6. Prepare dessert according to recipe.
7. Serve dessert appropriately and attractively.
8. Store leftover dessert appropriately and safely.
9. Clean utensils.
10. Store utensils.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss the place of dessert in the meal and meeting the nutritional needs of families.
2. Instructor or trainees demonstrate how to make simple desserts.
3. Review recipes, magazines, .cookbooks for ideas of simple, nutritious desserts.
4. Share ideas of favorite desserts which are easy to prepare.
5. Review terminology and compare the relative merits of various simple desserts. Ex: blanc mange vs. gelatin dessert.
6. Discuss appropriate service for various desserts.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Lewis, Dora S. Peckham, Gladys Citek and Hovey, Helen Stone. Family Meals and Hospitality. New York: The Macmillan Company, 1960.

Pollard, L. Belle. Experiences with Foods. Boston: Ginn and Company, 1956.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

The preparation of simple desserts by the trainee can help to maintain family meal patterns and customs during the absence of the usual homemaker.

DUTY:

Performing Food Preparation Functions

TASK:

Make cakes

PERFORMANCE OBJECTIVE:

Given a request to make a cake, appropriate tools and supplies, the trainee will make a cake which is in keeping with the recommended standards determined by the instructor.

CRITERION-REFERENCED MEASURE:

Make a cake which meets the standards for a cake of its type.

PERFORMANCE GUIDE:

1. Review recipes.
2. Check food storage areas.
3. Assemble utensils.
4. Assemble supplies.
5. Turn on range.
6. Prepare cake pan.
7. Add and mix ingredients according to recipe.
8. Pour into cake pans.
9. Bake as directed.
10. Partially cool cake and remove from pan.
11. Decide to frost or not to frost.
12. Slice and serve attractively.
13. Evaluate cake according to predetermined criteria.

SUGGESTED LEARNING ACTIVITIES:

1. Instructor demonstrates appropriate procedures and explains terminology in conjunction with making the cake.
2. Trainees share ideas of successes and failures when making cakes.
3. Trainees follow appropriate procedure for making a particular cake. A variety of cakes may be made by the class.
4. Discuss the importance of a cake in observing the birthday of a client; particularly, a child or senior citizen.
5. Compare cakes made from cake mix vs. home prepared cakes from basic ingredients in terms of time, money, energy used, and quality. What conclusions were made?
6. Discuss the main advantages of using convenience foods. Disadvantages?

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cookbooks

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

Lewis, Dora S., Peckham, Gladys Citek, and Hovey, Helen Stone, Family Meals and Hospitality. New York: The Macmillan Company, 1960.

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J.P. Lippincott Company, 1973.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because diets must be modified when certain physical conditions obtain, trainees need knowledge and skills in planning and preparing special diets.

DUTY:

Preparing a Special Diet

TASK:

Cook and serve foods

PERFORMANCE OBJECTIVE:

Given a patient who has been prescribed a special diet, the trainee will (1) prepare meals consistent with the prescribed diet, (2) retain the appetizing quality of the food by substituting additives such as lemon juice instead of butter and salt, and (3) serve the meal attractively.

CRITERION-REFERENCED MEASURE:

Plan and prepare meals consistent with certain prescribed diets.

PERFORMANCE GUIDE:

1. Read the prescribed diet.
2. Discuss the diet with the patient.
3. Check storage areas for the necessary food.
4. Plan meal in accordance with dietary restrictions.
5. Prepare meal.
5. Serve meal.

SUGGESTED LEARNING ACTIVITIES:

1. Select foods for special diets as follows:
    low sodium
    low fat

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Discuss how food preparation may change the category of a food in terms of calories, low fat, etc. For example: baked potato vs. french fries; broil vs. frying.
3. Make a list of basic guidelines for preparing food that will help preserve the nutrients.
4. Demonstrate the preparation of tray decorations from simple, easy to locate items in the home.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

American Heart Association. Your Mild Sodium-Restricted Diet. Dallas: American Heart Association, 1969.

Krause, Marie. Food Nutrition and Diet Therapy. Philadelphia: Saunders, 1966.

Turner, Dorothea. Handbook of Diet Therapy. Chicago: University of Chicago Press, 1965.

USDA. Food and Your Weight. Washington: 1973.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Recognizing the importance of diet in the well being of a patient, the trainee will assist the patient in following the prescribed diet by preparing only those foods recommended by the physician.

DUTY:

Preparing Special Diets

TASK:

Preparing liquid diets

PERFORMANCE OBJECTIVE:

Given a patient who has been placed on a special diet, and recommended foods the trainee will plan menus based on the requirements of the special diet, such as a liquid diet, prepare food, and serve the food attractively as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Plan and prepare liquid diets and serve attractively.

PERFORMANCE GUIDE:

1. Look up special dietary restrictions for person on liquid diet.
2. Consult with patient with reference to diet and food preferences.
3. Plan liquid diet following the Basic Four Food Guide as nearly as possible.
4. Use blender, juicer or other appliance/method to liquify certain foods.
5. Prepare liquid diet.
6. Serve food attractively.
7. Feed the patient.

SUGGESTED LEARNING ACTIVITIES:

1. Adapt and modify regular family menu for a person on full liquid diet.
2. Brainstorm a list of as many foods that may be modified to be included in a liquid diet. Ex: potatoes into vichyssoise.
3. Describe special precautions to be observed when feeding a patient a liquid diet.
4. Distinguish between the types of liquid diets: clear liquid diet and full liquid diet.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Hospital Dietitian

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

Fleck, Henrietta. Introduction to Nutrition. New York: The Macmillian Company, 1971.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D. C. Heath and Company, 1966.

Krause, Marie. Food, Nutrition and Diet Therapy. Philadelphia: Saunders, 1966.

Turner, Dorothea. Handbook of Diet Therapy. Chicago: University of Chicago Press, 1965.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

An understanding of the importance of diet in health and disease and knowledge of special diets and their requirements may facilitate the recuperation of the patient.

DUTY:

Preparing Special Diets

TASK:

Prepare a soft diet

PERFORMANCE OBJECTIVE:

Given a patient who requires a soft diet, necessary food and tools, the trainee will plan and prepare a soft diet.

CRITERION-REFERENCED MEASURE:

Plan and prepare a soft diet.

PERFORMANCE GUIDE:

1. Read prescribed diet.
2. Consult with patient re diet and food preferences.
3. Consult cookbook for recipes categorized as consistent with a soft diet.
4. Check storage areas for the availability of required food.
5. Make marketing list, if necessary.
6. Plan a soft diet.
7. Assemble recipes, ingredients, and tools.
8. Prepare meal.
9. Serve meal attractively.

SUGGESTED LEARNING ACTIVITIES:

1. Distinguish between liquid and soft diet.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Explain why it is important to maintain good nutrition when one is ill.
3. Discuss the trainees responsibility in assisting the patient to follow the prescribed diet; responsibility to report to medical team when the patient refuses to eat the prescribed foods; remain with the patient during the meal to observe the patient's receptivity to the food.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Hospital Dietitian

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Company, Inc., 1972.

Fleck, Henrietta. Introduction to Nutrition. New York: The Macmillan Company, 1971.

Fleming, Mary Owers and Benson Marion C. Home Nursing Handbook. Boston: D. C. Heath and Company, 1966.

Krause, Marie. Food, Nutrition and Diet Therapy. Philadelphia: Saunders, 1966.

Turner, Dorothea. Handbook of Diet Therapy. Chicago: University of Chicago Press, 1965.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Recognizing the importance of following the prescribed diet in the recuperation of the patient, the trainee will prepare only those foods prescribed for the patient.

DUTY:

Preparing Special Diets

TASK:

Prepare a low-sodium diet

PERFORMANCE OBJECTIVE:

Give a patient who has been prescribed a low-sodium diet, necessary food and tools the trainee will plan and prepare a low-sodium diet.

CRITERION-REFERENCED MEASURE:

Plan and prepare meals consistent with a low-sodium diet.

PERFORMANCE GUIDE:

1. Read the prescribed diet.
2. Discuss the diet with the patient.
3. Check storage areas for the availability of required food.
4. Make marketing list, if necessary.
5. Plan low-sodium meal.
6. Prepare meal according to requirements for low-sodium diet.
7. Serve meal attractively.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss why low-sodium diets are prescribed.
2. Describe the characteristics of a low-sodium diet.
3. Plan low sodium diets which are balanced in terms of the Basic Four Food requirements.

SUGGESTED LEARNING ACTIVITIES: (Continued)

4. Discuss the importance of assisting patients with following the prescribed diet.
5. Take a regular menu and modify to conform to low-sodium requirements.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

American Heart Association. Your Mild Sodium Restricted Diet. 1969.

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D. C. Heath and Company, 1966.

Krause, Marie. Food, Nutrition and Diet Therapy. Philadelphia: Saunders, 1966.

Turner, Dorothea. Handbook of Diet Therapy. Chicago: University of Chicago Press, 1965.

UNIT:

Nutrition, Meal Planning, Food Preparation and Serivce

GENERALIZATION:

An understanding of the benefits to be gained by restricting certain foods and the adverse conditions that may occur when certain foods are eaten may help the trainee to realize the importance of obtaining the cooperation of the patient in following the prescribed diet.

DUTY:

Preparing Special Diets

TASK:

Prepare a low cholesterol or fat-controlled diet

PERFORMANCE OBJECTIVE:

Given a patient who has been prescribed a low cholesterol or fat controlled diet, necessary foods and tools, the trainee will plan and prepare a meal low in cholesterol.

CRITERION-REFERENCED MEASURE:

Plan and prepare a low cholesterol or fat-controlled diet.

PERFORMANCE GUIDE:

1. Read the prescribed diet.
2. Check cookbooks for recipes consistent with cholesterol or fat-controlled diet.
3. Discuss the diet with the patient.
4. Check storage areas for the availability of required food.
5. Make marketing list, if necessary.
6. Plan cholesterol or fat-contolled diet.
7. Prepare meal.
8. Serve meal attractively.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss the role of herbs and spices in special diets.
2. Plan ways to modify a regular diet for family to suit patient who has been prescribed a cholesterol or fat-controlled diet.
3. Make a list of foods the patient may eat and also a list of foods patient should not eat.
4. Discuss methods of cookery that may contribute to the food being allowable on a cholesterol or fat-controlled diet.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

American Heart Association

Hospital Dietitian

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Krause, Marie. Food, Nutrition and Diet Therapy. Philadelphia: Saunders, 1966.

Turner, Dorthea. Handbook of Diet Therapy. Chicago: University of Chicago Press, 1965.

UNIT:

Nutrition, Meal Planning, Food Preparation and Service

GENERALIZATION:

Because trainees will work with persons who are ill, knowledge of requirements for special diets is an essential aspect of the training plan.

DUTY:

Planning and Preparing Special Diets

TASK:

Plan and prepare a diet for a diabetic patient

PERFORMANCE OBJECTIVE:

Given knowledge of the necessary restrictions and allowable foods as ordered by the attending physician, the trainee will plan and prepare an appropriate meal for a diabetic patient.

CRITERION-REFERENCED MEASURE:

Plan and prepare a nutritionally balanced diabetic diet.

PERFORMANCE GUIDE:

1. Review instruction concerning diabetic diets.
2. Consult with client with reference to preferences.
3. Plan a day's diet for a diabetic client which provides all the essential nutrients.
4. Prepare a meal which meets the requirements for a diabetic patient.
5. Serve the meal attractively.

SUGGESTED LEARNING ACTIVITIES:

1. Trainees read available materials on diabetic diet.
2. Plan sample menus.

SUGGESTED LEARNING ACTIVITIES: (Continued)

3. Clairfy myths concerning diabetic and use of sugar.
4. Observe teacher demonstration preparation of special diets.
5. Demonstrate how to modify regular diet to conform to requirements for special diet.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

American Diabetes Association

American Heart Association

Invite Hospital Dietitian to Discuss Special Diets

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath and Company, 1966.

Krause, Marie. Food, Nutrition and Diet Therapy. Philadelphia: Saunders, 1966.

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:______________________________ DATE ENROLLED______________

UNIT:____

Date(s)	Evaluated	Nutrition, Meal Planning,	Trainee				Instructor		
Mo/Day	Mo/Day	Food Preparation and Service	2*	1*	0*		2*	1*	0*
		Applies knowledge/skill and							
		uses appropriate procedures/							
		methods/equipment and							
		materials to:							
		understand the importance							
		of food to the well-							
		being of individual's							
		and families							
		take care of the nutri-							
		tional needs of indi-							
		viduals and families							
		take an inventory of all							
		equipment in the kitch-							
		en/dining/storage area							
		describe purpose of all							
		equipment, including							
		utensils and small							
		appliances							

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ________________________ DATE ENROLLED ____________

UNIT: ____

Date(s) Evaluated		Nutrition, Meal Planning, Food Preparation and Service	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		take an inventory of food						
		on hand						
		plan a meal which is						
		balanced in terms of						
		Basic Four Food Groups						
		plan meals using menu						
		planning criteria						
		prepare a meal using pro-						
		per procedures						
		list the basic nutrients						
		match basic nutrients and						
		principal sources						
		describe function of basic						
		nutrients in the body						
		make a marketing list of						
		essential items for						
		meal preparation						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:______________________________ DATE ENROLLED____________

UNIT:____

Date(s) Evaluated		Nutrition, Meal Planning, Food Preparation and Service	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		demonstrate procedures for						
		comparison shopping						
		plan a light breakfast						
		plan a medium breakfast						
		plan a heavy breakfast						
		determine the percentage						
		of the daily dietary						
		allowance to be pro-						
		vided by breakfast,						
		lunch, snack, and						
		dinner						
		set a table						
		serve and remove food						
		correctly						
		prepare various foods						
		cook eggs						
		make quick breads						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ______________________________ DATE ENROLLED ______________

UNIT: ____

Date(s) Evaluated		Nutrition, Meal Planning, Food Preparation and Service	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		make hot and cold						
		beverages						
		prepare vegetables						
		cook vegetables						
		make salads						
		make congealed salads						
		and desserts						
		prepare fruits						
		make soup						
		cook meat						
		make yeast breads						
		make simple desserts						
		make sandwiches						
		make cakes						
		plan nutritious and						
		economical meals						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:___________________________________ **DATE ENROLLED**_______________

UNIT:____

Date(s)	Evaluated	Nutrition, Meal Planning, Food Preparation and Service	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		plan meals which may be						
		prepared in advanced						
		and frozen, such as						
		casseroles						
		plan menus for lunch						
		list the order of prepa-						
		ration of foods on a						
		given menu						
		plan menus in keeping with						
		various meal patterns						
		plan menus for dinner						
		adapt menus to include						
		family preferences and						
		customs						
		plan and prepare dinner						
		demonstrate use of sub-						
		stitutes in meal						
		preparation						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:______________________________ DATE ENROLLED______________

UNIT:____

Date(s) Evaluated		Nutrition, Meal Planning, Food Preparation and Service	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		demonstrate use of leftovers in meal preparation						
		plan and prepare special diet						
		plan and prepare liquid diet						
		plan and prepare soft diet						
		plan and prepare a low-sodium diet						
		plan and prepare a low cholesterol or fat-controlled diet						
		plan and prepare a diet for a diabetic patient						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHAPTER VII

HOUSEKEEPING, SANITATION AND SAFETY

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

Because many accidents in the home could have been prevented care should be taken to rid the home of accident causing situations.

DUTY:

Preventing Accidents

TASK:

Remove hazardous conditions

PERFORMANCE OBJECTIVE:

When assigned to work in a home, the trainee will survey the home to rid it of obvious hazardous conditions; such as, may result in falls, burns and poisonings.

CRITERION-REFERENCED MEASURE:

Check home for hazardous conditions and correct such conditions.

PERFORMANCE GUIDE:

1. Survey the home for obvious hazards, such as toys on the stairway, walkway; medicine setting out on the kitchen table; household cleaning agents underneath the sink, etc.
2. Survey the home for availability of a fire extinguisher.
3. Check cords on all electrical appliances prior to use. Plug in properly.
4. Avoid overloading circuits.
5. Correct and or remove all hazardous conditions.

SUGGESTED LEARNING ACTIVITIES:

1. Instructor may set up a unit kitchen with several safety hazards and ask trainees to find the hazards.
2. Using the following chief causes of home accidents as headings; list under each the ways that accidents may be avoided in various rooms in the home: Falls, burns, poisonings.
3. Discuss the statement "what you wear when you perform household chores affects your safety." Give examples.
4. Make a list of the risks involved in the equipment you use in the home.
5. Discuss the types of fires and how to extinguish them.
6. Discuss the proper and safe manner in which to store medicine and combustible household cleaning agents.
7. Read precautions on the use of all household appliances prior to using them and demonstrate the do's and don't's of their safe use.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Lewis, Dora S., Burns, Jean O., and Segner, Esther F. Housing and Home Management. New York: The Macmillan Company, 1969.

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J.P. Lippincott Company, 1973.

Starr, Mary Catherine. Management for Better Living. Lexington, Mass.: D.C. Heath and Company, 1968.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

Because of the great variety and qualities of materials on the market it is important to compare items in terms of size, cost per unit, performance and convenience of use.

DUTY:

Performing Housekeeping Activities

TASK:

Shop for various household care and cleaning agents

PERFORMANCE OBJECTIVE:

Given a newspaper or store advertisement and trip to the supermarket the trainee will be able to compare items and determine the best buy and give reason for specific choice.

CRITERION-REFERENCED MEASURE:

Use comparison shopping principles before purchasing a cleaning agent.

PERFORMANCE GUIDE:

1. Obtain copies of newspaper ads and store flyers. Check for special sale items.
2. Make a list of various cleaning agents, include amount, cost per unit and recommended use and performance.
3. Compare various items and determine which is the best buy.
4. Give reason for choice of particular item.

SUGGESTED LEARNING ACTIVITIES:

1. Read newspaper and store ads or other promotional materials re: cleaning agents.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Demonstrate use of various cleaning agents. Discuss the various features of each agent. When would the choice of an item which combines two functions in one product be appropriate? (For example: A floor wax that also cleans as it waxes.)

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Lewis, Dora S., Burns, Jean O., and Segner, Esther F. Housing and Home Management. New York: The Macmillan Company, 1969.

Procter and Gamble. Lets' Clean House. Cincinnati: Procter and Gamble Educational Services, 1975.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

When certain mechanical equipment is not available in the home, the trainee is still responsible for maintaining sanitary conditions in order to prevent the spread of harmful bacteria.

DUTY:

Cleaning and Maintaining Kitchen/Dining Area

TASK:

Remove and prepare dishes for washing (Hand method)

PERFORMANCE OBJECTIVE:

Following the serving of the meal, the trainee will clean the kitchen and dining area by removing food and dishes from the dining area to kitchen sink area, stack dishes and wash and scald in proper order. Trainees may evaluate each other on these procedures using a checklist provided by the instructor.

CRITERION-REFERENCED MEASURE:

Clean the kitchen and dining area and wash dishes by hand properly.

PERFORMANCE GUIDE:

Follow Steps 1-4 reference to washing dishes using a dishwasher.

5. Prepare water by adding proper amount of detergent.
6. Bring water to a boil in order to have available to scald dishes.
7. Wash dishes in the following order and place in drain basket:
    a. glassware
    b. dinnerware
    c. silverware
    d. utensils

PERFORMANCE GUIDE: (Continued)

8. Pour scalding water over dishes being careful not to scald self or spill water on the counter or floor.
9. Allow dishes to drain.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss other means of observing sanitary procedures when a dishwasher is not available.
2. Role play the situation in which a trainee might suggest to a client the use of disposables. List criteria which might be used to convince the client of the safety and economics of the situation.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Co., Inc., 1972.

Lewis, Dora S. Burns, Jean O., and Segner, Esther F. Housing and Home Management. New York: The MacMillan Company, 1969.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

The importance of cleanliness and care of dishes to the safety and health of families.

DUTY:

Cleaning and Maintaining Kitchen/Dining Area

TASK:

Remove and prepare dishes for washing - dishwasher*

PERFORMANCE OBJECTIVE:

Following the serving of a meal, the trainee will clean the kitchen and dining area and wash dishes using a dishwasher satisfactorily as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Clean the kitchen area and dining area and load dishwasher properly, add detergent and engage cycle.

PERFORMANCE GUIDE:

1. Clear the table by removing all food, dishes, glassware, silverware and accessories such as centerpiece from the table to the kitchen counter or portable cart.
2. If the table has a washable surface, use a damp cloth to wipe the table.
3. If table cloth or placemats are used, decrumb as needed.
4. Scrape dishes to remove leftover scraps of food.

*Note: Instructor should not assume that all persons have access to a dishwasher or other appliance in their homes. Thus must provide opportunities for trainees to engage in all housekeeping activities and help establish standards for such activities.

PERFORMANCE GUIDE: (Continued)

5. Stack dishes, glassware, silverware in the dishwasher in accordance with recommended use for particular dishwasher.
6. Scrub cookware and place in dishwasher.
7. Add dishwasher detergent.
8. Turn knob to begin cycle.
9. Upon completion and cooling of dishes, store dishes in appropriate cupboard.

SUGGESTED LEARNING ACTIVITIES:

1. Explain why it is important that dishes be placed in the dishwasher in a special manner.
2. Look through magazines, store ads and visit appliance stores to become aware of a variety of dishwashers, and detergents.
3. Explain why ordinary soap or detergent should not be used in a dishwasher.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

General Services Administration. Pots and Pans. Consumer Information Series No. 22, GSA, (March, 1975).

Home Service Advisory Council. Cleaning Tips for Kitchen, Laundry, Bathroom. Washington, D.C.: Porcelain Enamel Institute.

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett, Co., Inc., 1972.

Lewis, Dora S., Burns, Jean O., and Segner, Esther F. Housing and Home Management. New York: The Macmillan Co., 1969.

McDermott, Irene E., Trilling, Mabel B. and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

To retain the finish of a particular item it is important to clean in accordance with the recommended materials and directions.

DUTY:

Cleaning and Maintaining Kitchen/Dining Area

TASK:

Clean tables, counters and sinks

PERFORMANCE OBJECTIVE:

Given a table, counter, and sink the trainee will determine the kind of surface, cleaning agent, and method appropriate for the particular item and clean same satisfactorily as acceptable to the instructor.

CRITERION-REFERENCED MEASURE:

Clean table, counter and sink using method appropriate to its finish.

PERFORMANCE GUIDE:

1. Describe and determine type surface for each item.
2. Determine method of cleaning appropriate.
3. Assemble materials and supplies.
4. Clean as appropriate to the surface of each item.

SUGGESTED LEARNING ACTIVITIES:

1. Visit a kitchen counter and appliance store to become familiar with various finishes and materials used for kitchen cabinets and counters.
2. Try out various recommended cleaning agents on various finishes and determine which gives the best finish.

SUGGESTED LEARNING ACTIVITIES: (Continued)

3. List the criteria for selection of cleaning agent, etc. for kitchen counters.
4. Role play trying to convince the client of the need to purchase household cleaning agents although client may have limited funds.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Co., Inc., 1972.

Lewis, Dora S., Burns, Jean O., and Segner, Esther F. Housing and Home Management. New York: The Macmillan Company, 1969.

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J.P. Lippincott Company, 1973.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

Special care is needed to keep the bathroom clean, sanitary and free from odors in order to prevent the spread of disease, avoid unpleasant odors and to discourage household pests.

DUTY:

Performing Housekeeping Activities

TASK:

Clean bathroom

PERFORMANCE OBJECTIVE:

Given a bathroom and a variety of cleaning agents and tools, the trainee will be able to select the appropriate cleaning agents, germicidal cleaners and tools to clean the bathroom.

CRITERION-REFERENCED MEASURE:

Clean bathroom using proper cleaning agents, tools and materials.

PERFORMANCE GUIDE:

1. Take a look at the bathroom to determine the type of wall finish, fixtures and floor covering.
2. Select appropriate cleaning agent for each area. (Note some agents may be recommended for all areas.)
3. Select appropriate tools and materials.
4. Prepare water by adding appropriate amount of cleaning agent or germicidal to pail of water of desired temperature.
5. Slip hands into rubber gloves.
6. Clean wall tile, if available and if needed.
7. Clean bathtub and fixtures, soap dish, rinse and dry to avoid spotting and growth of bacteria.
8. Flush commode. Use toilet brush and soap and scrub all areas to clean commode, flush.

PERFORMANCE GUIDE: (Continued)

9. Clean sink and fixtures.
10. Mop bathroom floor and dry thoroughly.
11. Rinse mop, pail, gloves and hang to dry.
12. Store all items in their proper or usual place.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss and compare various household cleaning products, germicidals, tools and appliance.
2. Compare various wall and floor covering finishes in terms of care required.
3. Clean wall and floors requiring various care.
4. Discuss precautions to be observed when using household cleaning products.
5. If desirable household cleaning supplies are not available role play tactful introduction of new products.
6. Role play discussing cleaning needs with client.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Home Services Advisory Council. Cleaning Tips for Kitchen, Laundry, Bathroom. Washington, D.C.: Porcelain Enamel Institute.

Lewis, Dora S., Burns, Jean O., and Segner, Esther F. Housing and Home Management. New York: The Macmillan Company, 1969.

Procter and Gamble. Lets' Clean House. Cincinnati: Procter and Gamble Educational Services, 1975.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

Frequent dusting and periodic cleaning of mirrors and other items made of glass helps to prevent build-up of greasy film, dust, improves the appearance of the room and reduces allergic reactions due to excess dust.

DUTY:

Performing Housekeeping Activities

TASK:

Clean mirrors, windows, glass covered furniture and decorative glass

PERFORMANCE OBJECTIVE:

Given a room with mirrors, windows, glass covered furniture and decorative glass and variety of cleaning agents, tools and supplies, the trainee will select the appropriate cleaning agent, tools and supplies and clean the various items efficiently and spotlessly as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Select appropriate cleaning agents, tools and supplies and clean various glass items efficiently and spotlessly.

PERFORMANCE GUIDE:

1. Read care instructions, if available.
2. Assemble tools and supplies.
3. Clean items from top to bottom.
4. Dry area with clean soft cloth or crumpled newspaper.

SUGGESTED LEARNING ACTIVITIES:

1. Try various recommended cleaning agents on various

SUGGESTED LEARNING ACTIVITIES: (Continued)

glass items; such as, mirrors and table tops and determine which ones are most efficient in removing soil.

2. Discuss homemade solutions that may be substituted for commercially prepared cleaning and glass polishing agents.
3. Compare various cleaning materials; such as, soft lint free cloth, clean damp sponge, chamois, and crumpled newspaper for cleaning glass items.
4. Plan and stock a "cleaning kit" of basic cleaning materials and supplies.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Home Services Advisory Council. Cleaning Tips for Kitchen, Laundry, Bathroom. Washington, D.C.: Procelain Enamel Institute.

Lewis, Dora S., Burns, Jean O., and Segner, Esther F. Housing and Home Management. New York: The Macmillan Company, 1969.

Procter and Gamble. Lets' Clean House. Cincinnati: Procter and Gamble Educational Services, 1975.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

Proper care and storage of appliances enhances the useful life of the appliance.

DUTY:

Cleaning and Maintaining Kitchen/Dining area

TASK:

Care of small and large appliances

PERFORMANCE OBJECTIVE:

Given a particular appliance and appropriate tools and supplies, clean and prepare for use and store according to the directions of the manual.

CRITERION-REFERENCED MEASURE:

Clean and properly store appliances according to the manual for the particular appliance.

PERFORMANCE GUIDE:

1. Read section of manual pertaining to cleaning and storage of appliance.
2. Assemble cleaning supplies and tools.
3. Clean appliance as directed in manual.
4. Store appliance as directed in manual.

SUGGESTED LEARNING ACTIVITIES:

1. Identify all appliances in terms of type of material (chrome, stainless, etc.), method of care (wipe with damp cloth, etc.) and appropriate storage facility.
2. Read the label on cleaning and polishing agents to learn of precautions to be observed when using them.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Appliance Salesperson

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Co., Inc., 1972.

General Services Administration. Pots and Pans. Consumer Information Series No. 22 GSA (March, 1975)

Home Services Advisory Council. Knowing Your Appliance. Washington, D.C.: Porcelain Enamel Institute.

Cleaning Tips for Kitchen, Laundry, Bathroom. Washington, D.C.: Porcelain Enamel Institute.

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J. P. Lippincott Company, 1973.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

In order for a refrigerator to function properly for safe storage of food, periodic cleaning and defrosting is required.

DUTY:

Cleaning and Maintaining Kitchen/Dining Area

TASK:

Clean and defrost refrigerator

PERFORMANCE OBJECTIVE:

When assigned the task of cleaning and defrosting a refrigerator, the trainee will select appropriate cleaning agent, clean and defrost refrigerator and re-arrange foods neatly and orderly as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Use appropriate cleaning agent and procedures to clean and defrost a refrigerator.

PERFORMANCE GUIDE:

1. Read refrigerator manual.
2. Follow directions given in manual for cleaning and defrosting refrigerator.

SUGGESTED LEARNING ACTIVITIES:

1. Look up various makes and models of refrigerators, refrigerator/freezers and freezers.
2. Visit an appliance store to compare various models as to their special features in relation to cost of item.
3. Discuss the relative effects on the safe storage of food when the refrigerator is in need of defrosting.

4. Discuss the daily and periodic care of the refrigerator.
5. Make a list of the approximate storage life of certain foods which require refrigeration.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Appliance Salesperson

Home Services Advisory Council. Cleaning Tips for Kitchen, Laundry, Bathroom. Washington, D.C.: Porcelain Enamel Institute.

Cronan, Marion L. and Atwood, June C. Foods in Homemaking. Peoria: Chas. A. Bennett Co., Inc., 1972.

McDermott, Irene E., Trilling, Mabel B., and Nicholas, Florence Williams. Food for Modern Living. Philadelphia: J.P. Lippincott Company, 1973.

USDA. Storing Perishable Foods in the Home. Washington, D.C.: Agricultural Research Service, Home and Garden Bulletin No. 78, July, 1973.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

Because proper care of the kitchen floor reduces the potential for safety hazards and household pests, the proper care of the floor cannot be overemphasized.

DUTY:

Cleaning and Maintaining Kitchen/Dining Area

TASK:

Clean kitchen floor

PERFORMANCE OBJECTIVE:

Given a kitchen floor and a variety of cleaning agents, the trainee will select the appropriate cleaning agent for finish of the floor and clean and finish same satisfactorily as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Clean and finish floor covering.

PERFORMANCE GUIDE:

1. Determine floor finish.
2. Select cleaning agent, tools and other materials as needed.
3. Place water of proper temperature in a pail and add appropriate amount of cleaning agent. (Note: for other than wood floors.)
4. Place hands in rubber gloves.
5. Dip mop or sponge into water and cleaning agent and mop floor until it appears free of soil.
6. Empty water and fill pail with clean water.
7. Rinse floor, allow to dry.
8. Apply wax, if needed, and allow to dry.
9. Rinse mop or sponge and gloves and hang to dry.

SUGGESTED LEARNING ACTIVITIES:

1. Visit a floor covering store to become aware of the variety of floor finishes available.
2. Collect pamphlets concerning care of floors with various finishes.
3. Describe and/or determine floor finishes and care requirements after viewing various samples of floor finishes.
4. Test a variety of cleaning and polishing agents on floor.
5. Discuss the importance of a clean, dry floor in terms of health/hazard, free environment.
6. Discuss appropriate substitutions for cleaning agents which may not be available in the home.
7. Describe adjustment which may be required in a home occupied by a senior citizen who is infirmed. ("To wax or not to wax.")

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Home Services Advisory Council. Cleaning Tips for Kitchen, Laundry and Bathroom. Washington, D.C.: Procelain Enamel Institute.

Lewis, Dora S., Burns, Jean O., and Segner, Esther F. Housing and Home Management. New York: The Macmillan Company, 1969.

Procter and Gamble. Lets' Clean House. Cincinnati: Procter and Gamble Educational Services, 1975.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

Proper laundering, care and handling of clothing and household linens will restrict the spread of harmful bacteria and keep items in good condition and appearance.

DUTY:

Performing Housekeeping Activities

TASK:

Launder clothing and household linens

CRITERION-REFERENCED MEASURE:

Launder various clothing and household linen in accordance with care instruction.

PERFORMANCE OBJECTIVE:

1. Collect laundry by checking laundry hampers or other places of storage for soiled laundry and the various rooms of the house.
2. Sort laundry into piles according to:
    a. colored items.
    b. white items.
    c. various fabrics such as cotton, polyesters, nylon.
    d. degree of soil.
    e. surface textures.
    f. Use.
    g. Construction.
    h. Items requiring mending before laundering.
3. Mend items requiring repair.
4. Select detergent and/or other cleaning agents.
5. Pre-treat items which are heavily soiled or stained.
6. Pre-soak, if needed.
7. Load washer with items requiring same care.
8. Select water temperature and cycle according to washer and items to be washed.

PERFORMANCE GUIDE: (Continued)

9. After cycle is complete transfer laundry to dryer.
10. Set dryer according to fabric and care instructions.
11. Wash remaining clothing and linen following above procedures in accordance with care labels.

SUGGESTED LEARNING ACTIVITIES:

1. Collect hang tags and care labels for clothing.
2. Wash various fabrics according to care labels.
3. Comparison shop for detergents, soaps, softness.
4. Remove various stains from various fabrics by following directions for oil based or water based stains.
5. Properly fold various household linen items such as: table napkins, tablecloth, tea towels, sheets.
6. Visit appliance store and compare various washers, dryers and irons.
7. Use disinfectants such as liquid chlorine, phenolic and pine oil disinfectants to safely sanitize home laundry.*

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Consumer Information Center. The Maytag Encyclopedia of Home Laundry. Newton, Ia. The Maytag Co., 1973. (May be obtained from local Maytag agencies).

Procter and Gamble. Lots' About Laundering. Cincinnati: Procter and Gamble Educational Services, 1975.

*Precautions:

Observe precautions on label when working with cleaning agents and disinfectants. If small children are in the home, store out of reach of children.

UNIT:

Housekeeping, Sanitation and Safety

GENERALIZATION:

Frequent cleaning by use of proper equipment helps to accomplish task easier and faster, increases the life of the item and keeps soil from penetrating into the item.

DUTY:

Performing Housekeeping Activities

TASK:

Dust and vacuum furniture and furnishings

PERFORMANCE OBJECTIVE:

Given a room with furniture and furnishing, appropriate equipment, and materials, the trainee will follow appropriate procedures while dusting and vacuuming furniture and furnishing as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Dust and vacuum furniture and furnishing in the proper order, using appropriate attachments with the vacuum cleaner for all items of furniture and furnishings.

PERFORMANCE GUIDE:

1. Gather equipment, tools, and supplies.
2. Read manual for use of vacuum cleaner.
3. Insert attachment and plug cord into the nearest outlet. Turn on switch on appliance.
4. Beginning at the top and outside of a room work down and toward the center of the room.
5. Vacuum walls, picture frames, draperies, woodwork, window frames, furniture, floors, rugs, carpeting, in that order.
6. Items which have been moved during vacuuming must be returned to original position unless you have been asked to rearrange items.

SUGGESTED LEARNING ACTIVITIES:

1. Compare the difference in time it takes to clean a room with the use of a dust cloth only and to clean the same room with the use of a vacuum cleaner and proper attachments.
2. Discuss ways in which dust may be almost eliminated in a room.
3. Demonstrate the proper use of various types of vacuum cleaners such as upright and canister and discuss the advantages and disadvantages of each type.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Lewis, Dora S., Burns, Jean O., and Segner, Esther F. Housing and Home Management. New York: The Macmillan Company, 1969.

Procter and Gamble. Lets' Clean House. Cincinnati: Procter and Gamble Educational Services, 1975.

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ________________________________ DATE ENROLLED ______________

UNIT: ____

Date(s) Evaluated		Housekeeping, Sanitation and Safety	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		Applies knowledge/skill and						
		uses appropriate procedures/						
		methods/equipment and						
		materials to:						
		understand and explain the						
		importance of a clean,						
		safe, orderly environ-						
		ment to the wellbeing						
		of family members						
		recognize and remove						
		hazardous conditions in						
		and surrounding the home						
		compare and select house-						
		hold care and cleaning						
		agents						
		remove and prepare dishes						
		for washing						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ______________________________ DATE ENROLLED ______________

UNIT: ____

Date(s) Evaluated		Housekeeping, Sanitation and Safety	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		wash dishes using hand method						
		wash dishes using dishwasher						
		select and use cleaning agents to clean tables, counters, and sink						
		select and use cleaning agents to clean bathroom						
		select and use cleaning agents to clean mirrors, windows, glass covered furniture and decorative glass						
		clean and properly store appliances						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ______________________ **DATE ENROLLED** ______________

UNIT: ____

Date(s) Evaluated		Housekeeping, Sanitation and Safety	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		clean and defrost refrigerator						
		clean and finish floor covering						
		launder clothing and household linens						
		fold and store household linens						
		dust and vacuum furniture and finishings						
		make substitutions, adjustments, and select alternatives when caring for the home						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHAPTER VIII

MATERNAL, INFANT, CHILD, AND GERIATRIC CARE

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

Because the trainee will work with clients following delivery of an infant, the trainee must be skilled in postpartum care as required by the plan of care.

DUTY:

Assisting in Postpartum Care

TASK:

Irrigating the client

PERFORMANCE OBJECTIVE:

Given a client following the birth of an infant, the trainee will assist the client in maintaining sanitary conditions by preparing solution of the correct temperature for irrigating the vaginal area.

CRITERION-REFERENCED MEASURE:

Prepare solution and give to client for irrigation purposes.

PERFORMANCE GUIDE:

1. Wash hands properly.
2. Assemble utensils and supplies.
3. Prepare sterile water in advance and cool to lukewarm.
4. After client changes the sanitary pad and voids, pour sterile water over the perineum to cleanse the area.
5. Dispose of pad carefully.
6. Wash hands thoroughly.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss the importance of postpartum care.
2. Discuss the importance of maintaining a clean, sanitary environment when caring for mother and infant.
3. Describe indications of hemorrhaging in the patient.
4. Demonstrate how and where to apply pressure to slow the hemorrhaging process until physician can be reached.
5. Review appropriate terminology, such as: post-partum; perineum, and lochia. List common terms used by the layman.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Nurse, American Red Cross

Nurse, Maternal and Infant Clinic

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Co., Inc., 1974.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

In order to learn how to handle an infant carefully one must have opportunities to practice with the infant while caring for its needs.

DUTY:

Caring for the Infant

TASK:

Bathe infant

PERFORMANCE OBJECTIVE:

Provided an infant or chase baby doll and the necessary utensils and supplies, give the infant a sponge bath and check for skin irritations and make sure all body surfaces are left clean and dry as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Bathe an infant using sponge bath method making sure all body surfaces are clean and dry.

PERFORMANCE GUIDE:

1. Check room temperature and set at 75°-80°F. or 23.9°-26.6°C.
2. Wash hands.
3. Assemble needed supplies on bath tray.
4. Prepare bath water and maintain temperature at 105°-110°F. or 40.6°-43.3°C.
5. Lift infant according to previously prescribed method.
6. Place infant on a soft towel.
7. Begin bath by washing, rinsing and drying face, eyes, ears and nose.
8. Wash, rinse and dry hair and scalp.
9. Undress infant, removing shirt first and then diaper.

PERFORMANCE GUIDE: (Continued)

10. Wash, rinse and dry neck, arms, chest and abdomen.
11. Wash, rinse and dry genitalia.
12. Wash, rinse and dry legs and feet.
13. Lift and place infant on abdomen and wash, rinse and dry back and buttocks.
14. Diaper and dress infant.
15. Record procedure.

SUGGESTED LEARNING ACTIVITIES:

1. Practice bathing and dressing a neighbor's or relative's infant.
2. Describe the difference in working with an infant and a doll.
3. Make a list of precautions to be observed when handling and bathing an infant.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Nurse from Well Baby Clinic

Pediatrician

Baker, Katherine, Read and Fane, Xenia F. Understanding and Guiding Young Children. Englewood Cliffs, N.J.: Prentice-Hall, Inc. 1975.

Brisbane, Holly E. The Developing Child. Peoria: Chas. A. Bennett Co., Inc. 1980.

Draper, Mary Wanda and Draper, Henry E. Caring for Children. Peoria: Chas. A. Bennett Co., Inc., 1975.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

Because it is important to use proper care in the handling of the infant's bottles to combat bacteria, the trainee will sterilize and handle bottles properly.

DUTY:

Sterilizing Infant's Bottles

TASK:

Sterilize infant's bottles

PERFORMANCE OBJECTIVE:

Given assignment to care for an infant, the trainee will use appropriate procedures to sterilize infants bottles and make baby formula.

CRITERION-REFERENCED MEASURE:

Sterilize infant bottles.

PERFORMANCE GUIDE:

1. Discuss with client or health professional whether or not bottles should be sterilized and preferred method.
2. Assemble equipment and supplies.
3. Wash hands thoroughly.
4. Wash bottles, nipple covers, and nipples with soap and water thoroughly and then rinse them.
5. Mix formula according to directions given, if used, and pour into bottles and cap bottles. (Note: Do not fill bottles to the top.)
6. Place bottles in a pan and fill halfway, cover and allow water to boil for 20 minutes.
7. Allow bottles to cool before placing in refrigerator.

SUGGESTED LEARNING ACTIVITIES:

1. Collect pictures and visit stores to view a variety of bottles, sterilizers and other utensils for feeding infants.
2. Read directions for the care of infants' bottles, prepare formula and water and demonstrate proper procedure for holding bottle when infant is drinking from it.
3. Discuss nutritional needs of infants as they grow and develop.
4. Discuss the merits of breastfeeding the infant and list some conditions that may prohibit a mother from breastfeeding the infant.
5. Discuss the age at which sterilization of the infants' bottle is no longer necessary and the reasons for your response.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Parents' Magazine

Professional Nurse from Well Baby Clinic

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Company, Inc., 1974.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

Because an infant may choke if not feed properly; the trainee should develop skill in feeding and burping an infant.

DUTY:

Caring for the Newborn Infant

TASK:

Feed infant

PERFORMANCE OBJECTIVE:

Given an infant, prescribed formula and tools the trainee will support the infant properly during the feeding, offer the formula and "burp" infant as needed as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Support, feed and "burp" an infant properly.

PERFORMANCE GUIDE:

1. Wash hands properly.
2. Prepare and/or obtain prescribed formula and place in bottle, if necessary.
3. Check nipple for proper attachment and placement.
4. Test temperature of formula.
5. Decide where to sit while feeding infant.
6. Properly pick up infant and support while feeding holding bottle at correct angle.
7. Periodically, remove bottle from infant's mouth.
8. Lift infant to upright position support against upper chest and "burp" infant alternating between feeding and burping.
9. When an infant has consumed the formula or appears satisfied, discontinue feeding.
10. Check diaper and change if necessary.
11. Return infant to bed.

PERFORMANCE GUIDE: (Continued)

12. Wash or dispose of bottle as appropriate.
13. Record time and amount of intake.

SUGGESTED LEARNING ACTIVITIES:

1. Read from references concerning infant care and feeding.
2. Share ideas concerning experiences with caring for an infant.
3. Practice diapering and feeding an infant.
4. Visit a day care center and observe activities.
5. Discuss the important precautions to be taken when handling and caring for an infant.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Nurse, American Red Cross

Nurse, Maternal and Infant Clinic

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath and Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Company, Inc., 1974.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

When homemaker-home health aides are employed to take care of children during the absence or incapacitation of the usual caregiver, the importance of maintaining daily routines of child care; such as, meeting basic physical, emotional and social needs cannot be overemphasized.

DUTY:

Caring for Children

TASK:

Bathe a child

PERFORMANCE OBJECTIVES:

When giving a child a bath, the trainee will observe all safety precautions as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Describe safety precautions to be taken when bathing an infant or child.

PERFORMANCE GUIDE:

1. Assemble all supplies before bringing the child into the bathroom.
2. Prepare the bath water.
3. Observe safety precautions such as:
    a. Do not allow child to play with the water taps.
    b. Do not leave child unsupervised in the bathroom.
    c. Medicine and sharp instruments (razor blades) should be kept locked or out of reach of children.
4. Assist child with undressing.
5. Bathe child while allowing the child to assist you. Towel dry.

PERFORMANCE GUIDE: (Continued)

6. Apply lotion or body powder, if desired.
7. Assist child in dressing, if needed.

SUGGESTED LEARNING ACTIVITIES:

1. Answer the following questions:
    a) Why should children under the age of two and one-half never be left alone in the bathtub?
    b) At what age can a child usually bathe with a minimum of supervision?
    c) Why is it important to make bath time a happy time?
    d) When is the best time to bathe a child? Morning? Bedtime? Other?

2. Describe experiences you may have had while bathing a child.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Nurse

Red Cross Representative Demonstrate Bathing an Infant

Brisbane, Holly E. *The Developing Child*. Peoria: Chas. A. Bennett Co., Inc., 1980.

Draper, Mary Wanda and Draper, Henry E. *Caring for Children*. Peoria: Chas. A. Bennett Co., Inc., 1975.

Riehl, C. Luise. *Family Nursing*. Peoria: Chas. A. Bennett Co., Inc., 1974.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

When working with children, knowledge of child growth and development will enable the trainee to understand the progress or lack of progress the child is making in developing.

DUTY:

Observing Children

TASK:

Charting child's growth and development

PERFORMANCE OBJECTIVE:

Given responsibility for the care of children, the trainee will describe the stages in a child's growth and development and assess normal expectations.

CRITERION-REFERENCED MEASURE:

Describe stages in child's growth and development.

PERFORMANCE GUIDE:

1. Assemble tools and supplies.
2. Maintain a record book or log of child's development pertaining to weight, height, teeth, sit alone, crawl, walk, as follows:
    - Infancy to 2 year old - monthly basis
    - 2 year old - 4 year old - Bi-monthly basis
    - 4 year old - 6 year old - Bi-yearly basis
3. Take pictures of child, periodically.
4. Make record of favorite foods, activities, and stories.

SUGGESTED LEARNING ACTIVITIES:

1. Read a book or article on child growth and development and share with class.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Discuss variances in the rate of growth and development of a child you have observed in your family.
3. Make a determination as to when a child's lack of growth and development should become a matter of serious concern.
4. Discuss your interpretation of the statement: "all children grow at different rates but follow the same pattern of growth." Is this a factual statement?

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Child Development Specialists

Director, Nursery School or Day Care Center

Professor, Child Growth and Development

Baker, Katherine Read and Fane, Zenia F. Understanding and Guiding Young Children. Englewood Cliffs: Prentice-Hall Inc., 1975.

Brisbane, Holly E. The Developing Child. Peoria: Chas. A. Bennett Co., Inc., 1980.

Draper, Henry E. and Draper, Mary Wanda. Studying Children, Observing and Participating. Peoria: Chas. A. Bennett Co., Inc., 1977.

Draper, Mary Wanda and Draper, Henry E. Caring for Children. Peoria: Chas. A. Bennett Co., Inc., 1975.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

When assigned the responsibility of caring for children in the absence of the usual caregiver, the trainee should recognize the symptoms of common communicable diseases.

DUTY:

Identifying Symptoms of Common Communicable Diseases

TASK:

Identify communicable diseases

PERFORMANCE OBJECTIVE:

Given a description of a child who has certain symptoms, the trainee will determine the probable communicable disease and describe symptoms accurately to a physician as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Describe symptoms of the following communicable diseases: chickenpox, German measles, measles, mumps, and whooping cough.

PERFORMANCE GUIDE:

1. Observe child periodically.
2. Wash hands properly.
3. Examine child's nose, mouth and throat.
4. Take child's temperature and record same.
5. Ask child relevant questions about feelings and condition.
6. Observe appearance of skin.
7. Wash hands thoroughly.
8. Determine probable disease.
9. Determine if child has had immunizations.
10. Consult family physician and describe symptoms.
11. Follow plan of care.
12. Isolate child, if indicated.

SUGGESTED LEARNING ACTIVITIES:

1. Make a chart of the signs and symptoms of various common communicable childhood diseases, incubation period, communicable period and recommended care.
2. Demonstrate the proper handling of sickroom supplies.
3. Discuss experiences with childhood diseases in your family.
4. Role play a parent who is so worried about the pre school child's potential for contacting a communicable disease that child is not allowed to play with other children. Describe how such restrictions may affect the child's socialization and ability to build up normal immunizations.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Nurse from Well Baby Clinic

Pediatrician

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath and Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas A. Bennett Co., Inc., 1974.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

When caring for children it will be necessary to discipline them as the occasion arises.

DUTY:

Caring for Children

TASK:

Discipline a child

PERFORMANCE OBJECTIVE:

Given a hypothetical situation concerning a child's misbehavior, the trainee will decide on discipline appropriate to the behavior as judged by the other members of the class and/or the instructor.

CRITERION-REFERENCED MEASURE:

Determine discipline appropriate to predetermined unacceptable behaviors.

PERFORMANCE GUIDE:

1. Observe child's misbehavior.
2. Confront child with the behavior.
3. Discipline child promptly and fairly.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss the essentials of good punishment.
2. Comment on the statement: "Both rewards and punishment need to be deserved and understood by the child."
3. Discuss the essentials in discipline: a) rules b) consistency c) punishment d) rewards.
4. What kind of disciplinarian are you? Authoritarian?

SUGGESTED LEARNING ACTIVITIES: (Continued)

Democratic? Permissive? Give examples to substantiate your opinions.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Draper, Mary Wanda and Draper, Henry E. Caring for Children. Peoria: Chas. A. Bennett Co., Inc., 1975.

Hurlock, Elizabeth. Child Development. New York: McGraw-Hill Book Company, 1972.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

Because an understanding of child care and development is facilitated by observing children, the trainee will spend time in a nursery or day care center under supervised study observing children.

DUTY:

Observing and Directing Activities of Children

TASK:

Observe and direct activities of children

PERFORMANCE OBJECTIVE:

Given an assignment for field experience in a nursery school or day care center, the trainee will observe children and assist in directing their activities as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Record observations and maintain a log of activities of children in a nursery school or day care center.

PERFORMANCE GUIDE:

1. Consult with instructor concerning plans for field experience.
2. Make arrangements for field experience, write letter of request or telephone director of nursery school.
3. Engage in field experience.
4. Write letter expressing appreciation for opportunity for field experience and assistance received during experience.
5. Schedule conference with instructor to evaluate experience.

SUGGESTED LEARNING ACTIVITIES:

1. Readings from child development books, pamphlets, journals, magazines.
2. The trainee will be involved in the following activities:
    - a) Planning activities.
    - b) Directing activities of the children.
    - c) Observing.
    - d) Evaluating.
    - e) Review movies that are available in the classroom.
    - f) Write a case report on one child whom trainee has observed closely.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Nursery School Director

Professor Child Development

Audio Visuals:

National Film Board of Canada. Ages and Stages Films Series.

Terrible Twos and Trusting Threes, 20 minutes.
Frustrating Fours and Fascinating Fives, 22 minutes.
From Sociable Six to Noisy Nine, 22 minutes.
From Ten to Twelve, 26 minutes.
He Acts His Age, 13 minutes.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

When caring for children during the absence of the parent, storytelling can be the solution to many lonely and monotonous hours.

DUTY:

Entertaining Children

TASK:

Engage in storytelling

PERFORMANCE OBJECTIVE:

Given a situation which involves the care of children, the trainee will select stories which are appropriate for the age, interest, and preference of the children and tell the story in a dramatic manner.

CRITERION-REFERENCED MEASURE:

Select stories for children based on age, expressed interest.

PERFORMANCE GUIDE:

1. Check library, bookshelves, other storage areas for children's books.
2. Consult with the parent, if possible, and the children to determine their interest in reading and storytelling.
3. Give each child an opportunity to select a book or story to be read.
4. Decide on the best time to do this perhaps before afternoon naps or after baths before going to bed for the night.
5. Avoid books and stories that are extremely stimulating for bedtime reading.
6. Periodically, ask children a question just to see if they are following the action in the story.

SUGGESTED LEARNING ACTIVITIES:

1. Brainstorm the value of stories in the lives of children.
2. Share your favorite story as a child.
3. Share your child's favorite story.
4. Discuss comtemporary modifications of some classical stories, such as Little Red Riding Hood.
5. Discuss criteria for stories for various age groups, boys and girls, and rural vs. urban child.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Drama Teacher

Librarian Children's Room

Brisbane, Holly E. The Developing Child. Peoria: Chas. A. Bennett Co., Inc., 1980.

Draper, Mary Wanda and Draper, Henry E. Caring for Children. Peoria: Chas. A. Bennett Co., Inc., 1975.

Hurlock, Elizabeth B. Child Development. New York: McGraw-Hill Book Company, 1972.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

When family routines are interrupted due to illness or absence of the usual caregiver, children are more likely to become irritable and difficult to get along with thus knowledge of how to direct play activities may be very useful in such situations.

DUTY:

Planning Group Play Activities

TASK:

Plan indoor play activities

PERFORMANCE OBJECTIVE:

Given a home where children are upset due to the illness or absence of the parent, the trainee will work with them in planning indoor activities which are suitable for all ages represented in the group.

CRITERION-REFERENCED MEASURE:

Direct indoor play activities for a group of children.

PERFORMANCE GUIDE:

1. Talk with children to determine their preferences for play activities.
2. Take an inventory of play materials and equipment on hand.
3. Determine which play activities may be played with the equipment available.
4. Decide on the activity.
5. Direct the activity.
6. Obtain feedback from children with reference to their enjoyment or lack of enjoyment of the activity.

SUGGESTED LEARNING ACTIVITIES:

1. Visit a zoo, fair, skating rink, and playground.
2. Compare the changes in the toy industry of today with the industry of yesteryear.
3. Brainstorm a list of indoor play activities.
4. Collect ideas for improvising indoor games and toys.
5. Make up a game and teach it to another trainee.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Early Childhood Specialist

Health and Physical Education Teacher

Baker, Katherine Read and Fane, Xenia F. Understanding and Guiding Young Children. Englewood Cliffs, N.J.: Prentice-Hall Inc., 1975.

Brisbane, Holley E. The Developing Child. Peoria: Chas. A. Bennett, Co., Inc., 1978.

Draper, Mary Wanda and Draper, Henry E. Caring for Children. Peoria: Chas. A. Bennett Co., Inc., 1975.

Smith, Helen Wheeler. Survival Handbook for Preschool Mothers. Chicago: Follett Publishing Co., 1978.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

Because children need to engage in activities to develop small and large muscle and hand and eye coordination, arts and crafts' activities may serve this purpose.

DUTY:

Planning Arts and Crafts' Activities

TASK:

Plan arts and crafts' activities

PERFORMANCE OBJECTIVE:

Given a group of children, and arts and crafts materials, the trainee will teach the children one art and one craft activity to an acceptable level of performance as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Teach children one art activity and one craft activity according to the criteria and procedures for the specific art or craft.

PERFORMANCE GUIDE:

1. Assemble a variety of arts and crafts supplies.
2. Discuss with the children possible art and craft activities which they may engage in.
3. Give children time to engage in "hands-on" experiences with the materials before deciding on an activity.
4. Allow children to decide on an activity.
5. Trainee distributes the materials.
6. Trainee gives individualized instruction to each child or group of children who select the same art or craft.
7. Children work on their project.

PERFORMANCE GUIDE: (Continued)

8. Trainee circulates among the children and gives assistance where needed, listens attentively and answers questions.
9. Encourage "peer" teaching.
10. Children are advised five minutes prior to time to cease working on their projects.
11. Place name on their project.
12. Store project for later work on it, if necessary.
13. Clean up area.

SUGGESTED LEARNING ACTIVITIES:

1. Explain the different kinds of creative and manipupulative activities. Give examples.
2. Observe demonstrations of arts and crafts' activities.
3. Trainees teach each other arts and crafts activities and skills and also share activities that they have used in their homes.
4. Visit an arts and crafts shop or hobby shop.
5. Develop an arts and crafts kit to have materials readily available when assigned to a home where children live.
6. Invite an art teacher to give a demonstration of arts and crafts suitable for various age groups.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Art Teacher

Nursery School Teacher

Brisbane, Holly E. The Developing Child. Peoria: Chas. A. Bennett Co., Inc., 1980.

Draper, Mary Wanda and Draper, Henry E. Caring for Children. Peoria: Chas. A. Bennett Co., Inc., 1975.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

While it is desirable that children have plenty opportunities to play out of doors, it is also desirable that areas for such activities be checked for safety.

DUTY:

Planning Outdoor Play Activities

TASK:

Select locations for outdoor play activities

PERFORMANCE OBJECTIVE:

When asked to plan outdoor play activities the trainee will select a safe and easily observable area while supervising the children's play activities as determined by preestablished criteria.

CRITERION-REFERENCED MEASURE:

Select a safe, easily observable outdoor play area.

PERFORMANCE GUIDE:

1. Make a tour of the area surrounding the home.
2. Determine any unsafe or hidden areas, such as holes in the ground, old refrigerators, cars.
3. Advise children of boundaries and engage their assistance in marking off the area.
4. Dispense play equipment such as balls, birdies, bats, rackets.
5. Determine length of time children will be allowed to play and advise them of this.
6. Five minutes before time expires advise them that they have five minutes remaining.
7. Call children into the house.
8. Supervise them in putting toys/games away. (May use stars or points for neatness to reinforce positive behavior.)

SUGGESTED LEARNING ACTIVITIES:

1. Discuss and make a list of criteria for safe outdoor play areas.
2. Discuss the additional responsibility when one is assigned to direct the activities of children whom one does not know as contrasted to directing the activities of one's own children.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Director of Nursery School

Health and Physical Education Teacher

Kindergarten Teacher

Baker, Katherine Read and Fane, Xenia F. Understanding and Guiding Young Children. Englewood Cliffs, N.J.: Prentice Hall, Inc., 1975.

Brisbane, Holly E. The Developing Child. Peoria: Chas. A. Bennett, Co., Inc., 1980.

Draper, Mary Wanda and Draper, Henry E. Caring for Children. Peoria: Chas. A. Bennett Co., Inc., 1975.

Smith, Helen Wheeler. Survival Handbook for Preschool Mothers. Chicago: Follett Publishing Co., 1978.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

Because a child's routines are likely to be upset when the parent is ill or absent the trainee should be prepared to direct interesting and creative activities for the child.

DUTY:

Planning Play Activities

TASK:

Plan outdoor activities

PERFORMANCE OBJECTIVE:

Given a child, some toys and equipment the trainee will assist the child in planning outdoor activities which are safe, challenging and may be played alone.

CRITERION-REFERENCED MEASURE:

Direct the outdoor play activities of a pre-school child.

PERFORMANCE GUIDE:

1. Discuss with the child the kinds of play activities that he/she would like to engage in.
2. Gather various materials, supplies and equipment for play area.
3. Introduce a variety of activities.
4. For a very young child, observe the toys which capture his/her interest.
5. Experiment with ways to get child to take part in the activity.
6. Establish criteria for evaluating outdoor play activities.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss what is meant by the statements: "play

SUGGESTED LEARNING ACTIVITIES: (Continued)

is child's work", and "play is therapeutic."

2. Make a chart of various play activities and the relative effects on the physical, emotional and social development of a child. Distinguish between "active" and "passive" play.
3. Improvise materials for play activities.
4. Read Piajet theories of child development and also become familiar with other theorists.
5. Distinguish between activities which promote small and large muscle development.
6. Discuss the effects of outdoor play activities on conceptual development.
7. Discuss hazards which may be encountered in outdoor play areas.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Director Day Care Center

Director of Nursery School

Early Childhood Specialists

Toy Store Manager

Baker, Katherine Read and Fane, Xenia F. Understanding and Guiding Young Children. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1975.

Brisbane, Holly E. The Developing Child. Peoria: Chas. A. Bennett Co., Inc., 1980.

Hurlock, Elizabeth B. Child Development. New York: McGraw-Hill Book Company, 1972.

Smith, Helen Wheeler. Survival Handbook for Preschool Mothers. Chicago: Follett Publishing Co., 1978.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

In order to understand the psycho/social aspects of aging and physical conditions associated with aging, and to increase trainees understanding of their role and responsibility in working with the aged, emphasis will be placed on current concepts and literature concerning the aging process.

DUTY:

Caring for the Aged Client

TASK:

Care of the aged

PERFORMANCE OBJECTIVE:

When assigned to care for an aging client, the trainee will exhibit care and understanding of the needs of such persons as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Describe the aging process and its affect on the physical and emotional state of the aged client.

PERFORMANCE GUIDE:

1. Consult with client with reference to needs and desires.
2. Consult with client with reference to physical and emotional condition.
3. Observe client for verification of conditions described.
4. Reconcile the differences, if any and make an assessment of clients physical and emotional state.
5. Report to medical team, if available.

SUGGESTED LEARNING ACTIVITIES:

1. Read literature/journals concerning the physical

SUGGESTED LEARNING ACTIVITIES: (Continued)

and emotional needs of the aged.
2. Distinguish between the concept of "aging" and "aged."
3. Visit home for the elderly.
4. Plan a social activity, such as birthday party for an elderly person whom you know.
5. Ask elderly person to describe changes which have occurred in their physical condition in last five years.
6. Make a list of conditions consistent with the aging process such as loss of teeth, poor eye sight, loss of appetite.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Dietitian

Director Home for the Elderly

Geriatric Specialist

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

Because of the increasing longevity of persons in the population and the infirmities of old age, the trainee should become knowledgeable of the aging process and the unique needs of the aged population.

DUTY:

Caring for the Aged Client

TASK:

Care for the aged client

PERFORMANCE OBJECTIVE:

Given the assignment to care for the aged client, necessary equipment and materials, the trainee will exhibit an understanding of the aged client and provide care to meet his/her unique needs as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Describe the unique needs of the aged client and the proper care to meet such needs.

PERFORMANCE GUIDE:

1. Read reference materials concerning the aging process and the aged person.
2. Consult with the client and the client's family concerning his/her unique needs.
3. Demonstrate carrying out activities to meet a particular need of the client; such as, incontinence, inability to hold a cup without spilling its contents.

SUGGESTED LEARNING ACTIVITIES:

1. Read articles concerning the aging process and the aged person.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Distinguish between the terms "aged" and "aging."
3. Distinguish between myths and facts concerning the aged.
4. Differentiate between chronological and physiological age.
5. Make a list of factors which promote healthy aging.
6. Describe the characteristic of the aging process as evidenced by physical and emotional changes in the aged person. Make a list of such changes.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Experienced person in the care of the aged, such as a professional nurse in a home for the aged, or Geriatric Department of a hospital

Professor of Geriatrics

Bennett, Betsy, "Social and Psychological Aspects of Aging." Tips and Topics in Home Economics. XVI (March, 1976), 2.

Brody, Elaine M. "Serving the Aged: Educational Needs As Viewed by Practice." Social Work, 15 (1970), 50.

Havighurst, Robert J. "Understanding the Elderly and the Aging Process," Journal of Home Economics, (April, 1974).

Educational Gerontologist

Gerontologist

Focus on Aging, Selected Articles From the Journal of Home Economics. Washington, D.C.: American Home Economics Association, 1977.

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

In order to properly care for the senile client the trainee should be given instruction geared to the unique needs and problems of the senile client.

DUTY:

Caring for the Aged Client

TASK:

Care of the senile client

PERFORMANCE OBJECTIVE:

Given a senile client, the necessary equipment and materials, the trainee will exhibit an awareness of the special needs of the senile client as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Describe the special requirements for caring for the senile client.

PERFORMANCE GUIDE:

1. Read reference materials pertaining to the special requirements for caring for the senile client.
2. Become acquainted with the client.
3. Provide for the special needs of the client, such as:
    a) assisting with personal care/grooming.
    b) assisting with feeding/eating problems.
    c) assisting with toileting/elimination problems.
    d) assisting with helping client to feel useful/loved/wanted.
    e) assisting in maintaining a safe, comfortable, barrier free environment.
    f) assisting in communicating and interpreting needs of client

PERFORMANCE GUIDE: (Continued)

g) assisting in activities which promote mobilization and independence.
h) assisting with outreach activities such as participating in community activities such as day care center/senior citizens center.

SUGGESTED LEARNING ACTIVITIES:

1. Read articles and view films concerning the aged client with special emphasis on the care of the senile client.
2. Define the terms: senility and geriatrics.
3. Describe the transition from a normal personality to senility.
4. Describe the types of situations in which the homemaker-home health aide may be asked to served with reference to the aged client.
5. Exhibit a patient, kind, understanding attitude when working with the senile client.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Experienced person in the care of the aged, such as as a professional nurse in a home for the aged or Geriatric Department of a hospital

Professor of Geriatrics

Educational Gerontology

Gerontologist

UNIT:

Maternal, Infant, Child, and Geriatric Care

GENERALIZATION:

Because of the unique physical and emotional needs of the aged client, the trainee must be knowledgeable of the nutritional requirements of the aged client.

DUTY:

Caring for the Aged Client

TASK:

Feed the aged client

PERFORMANCE OBJECTIVE:

Given an aged client, the necessary equipment and materials, the trainee will provide the necessary assistance to aid the aged client in maintaining good nutrition as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Describe the unique nutritional needs of the aged client and demonstrate how to encourage and assist the aged client in maintaining good nutrition.

PERFORMANCE GUIDE:

1. Read resource materials concerning nutritional requirements of persons at various stages of the life cycle with special emphasis on the aged person.
2. Consult with client concerning food preferences and food patterns.
3. Plan and prepare nutritious meals for client giving consideration to infirmities; such as loss of teeth, digestive problems, obesity and inactivity.
4. Demonstrate assisting in feeding patient and encouraging patient to eat, such as:

   a) prepare the patient first
   b) serve food at the desirable temperature

PERFORMANCE GUIDE: (Continued)

c) assist patient in taking beverage with a straw when needed
d) test temperature of hot food
e) signaling the patient prior to placing food in his/her mouth
f) give food in the proper order, using proper utensils
g) wipe the mouth with napkin, as needed
h) allow time for patient to chew and swallow before offering additional food.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss why it is important for the aged person to maintain good nutrition.
2. Role play trying to get infirmed, aged person to eat.
3. Make a list of ways to prepare food to increase its appeal to the infirmed aged client.
4. Participate on a panel discussion on the topic: "The status of the aged is higher in societies which have the extended form of the family and lower in societies which favor the nuclear form."

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Hospital Dietitian from Geriatric Department

Professor of Geriatrics

Educational Gerontologist

Gerontologist

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:__________________________________ DATE ENROLLED________________

UNIT:____

Date(s)	Evaluated	Maternal, Infant, Child, and Geriatric Care	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		Applies knowledge/skill and						
		uses appropriate procedures/						
		methods/equipment and						
		materials to:						
		meet care needs of mother						
		during postpartum period						
		meet care and needs of						
		infant and preschool						
		child						
		irrigate the client, when						
		requested						
		bathe an infant						
		sterilize infant's bottles						
		feed infant						
		bath a child						
		chart stages in child's						
		growth and development						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:______________________________ DATE ENROLLED_______________

UNIT:____

Date(s)	Evaluated	Maternal, Infant, Child,	Trainee			Instructor		
Mo/Day	Mo/Day	and Geriatric Care	2*	1*	0*	2*	1*	0*
		observe children and re-						
		cord information						
		identify symptoms of						
		common communicable						
		diseases						
		discipline a child						
		observe and direct activi-						
		ties of children						
		tell stories to children						
		plan indoor play activi-						
		ties for children						
		plan outdoor play activi-						
		ties for children						
		plan arts and craft's						
		activities for children						
		select a safe easily						
		observable outdoor play						
		area for children						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:______________________________ DATE ENROLLED______________

UNIT:____

Date(s) Evaluated		Maternal, Infant, Child, and Geriatric Care	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		supervise children in						
		putting toys away						
		describe the aging						
		process						
		describe some physical						
		changes in the aged						
		describe some behavioral						
		changes in the aged						
		distinguish between the						
		concepts of "aging"						
		and "aged"						
		distinguish between						
		myths and facts regard-						
		ing the aged						
		list unique needs of the						
		aged						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
- 2. Satisfactory performance/understanding
- 1. Instruction/improvement needed/recycle
- 0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:____________________ DATE ENROLLED____________

UNIT:____________________________

Date(s) Evaluated		Maternal, Infant, Child, and Geriatric Care	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		maintains a safe, barrier						
		free environment for						
		the aged						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHAPTER IX

PATIENT CARE

UNIT:

Patient Care

GENERALIZATION:

Understand the need of assisting person in following physician's orders in relation to their recuperation.

DUTY:

Following Physician's Orders

TASK:

Assist patient in following physician's orders

PERFORMANCE OBJECTIVE:

Given a patient under the care of a physician the trainee will use tact in reminding and assisting patient in following physician's orders; such as, taking medication.

CRITERION-REFERENCED MEASURE:

Demonstrate tact in reminding patient to follow physician's orders.

PERFORMANCE GUIDE:

1. Consult with physician, if necessary.
2. Consult with patient at appropriate time (Ex: time when medication should be taken or treatment due.)
3. Wash hands thoroughly.
4. Provide glass of water or spoon if needed and offer the medication to the patient. (Note: Review regulations pertaining to aides giving medications.)
5. Record time, kind, and amount of medication taken.
6. Return medication to proper storage area.

SUGGESTED LEARNING ACTIVITIES:

1. Review types of medication and how they are to be taken and stored.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Read labels on over the counter medicines and also prescription drugs.
3. Discuss the importance of keeping a record of when medications are taken, particularly when caring for children, the seriously ill and/or the aging client.
4. Learn the Eight Rights with regard to the safety of the patient and the taking of medicines.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Pharmacists

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath and Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Co., Inc., 1974.

UNIT:

Patient Care

GENERALIZATION:

Because personal hygiene and good grooming have an effect on the attitude and recuperation of the patient the trainee will develop skill in encouraging and assisting the patient in such activities.

DUTY:

Grooming Patient

TASK:

Assist patient in personal hygiene and grooming

PERFORMANCE OBJECTIVE:

Given a patient who has been immobile, the trainee will use positive reinforcement to encourage and assist patient to bathe, dress, and groom self.

CRITERION-REFERENCED MEASURE:

Demonstrate how one might encourage a patient who has been immobile to begin to assume responsibility for bathing, dressing, and grooming self.

PERFORMANCE GUIDE:

1. Consult with patient concerning interests in personal hygiene and grooming.
2. Assemble tools and supplies such as: wash basin, soap, toiletries, and mirror.
3. Encourage patient to assume responsibility for a greater portion of personal hygiene and grooming each day. (assist patient less and less each day.)
4. Compliment patient on progress and appearance each day.
5. Remove tools, supplies, etc., from the bed side table and discard/store appropriately.

SUGGESTED LEARNING ACTIVITIES:

1. Role play positive reinforcement of patient behavior with reference to personal hygiene and grooming.
2. Role play "extinguishing" negative behaviors.
3. Describe ways of making the "morning care" and "evening care" more interesting.
4. Discuss the part appearance and grooming plays in the rehabilitation of a patient.
5. When assuming the care of a patient who has an offensive odor, describe some methods which may be employed to get the person to bathe.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Cosmetologists

Public Health Nurse

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Co., Inc., 1979.

Eldridge, Priscilla B. Caring for the Disabled Patient. Oradell, N.J.: Medical Economics Company Book Division, 1978.

Fleming, Mary Owers, and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath and Company, 1966.

James, Barry. Call Me Mister. Boston: D.C. Heath and Company, 1966

Tolman, Ruth. Charm and Poise for Getting Ahead. Bronx: Milady Publishing Corp., 1975.

Riehl, C. Luise. Family Nursing. Peoria: Chas A. Bennett Co., Inc., 1974.

UNIT:

Patient Care

GENERALIZATION:

Because the care of the teeth is important to the health, personal hygiene and appearance of the person and also because dentures may be easily broken, the trainee will exhibit skill and care in the handling and cleaning of dentures.

DUTY:

Handling Dentures

TASK:

Clean dentures

PERFORMANCE OBJECTIVE:

Given a patient who needs assistance with brushing the teeth or with dentures and appropriate supplies the trainee will demonstrate the proper handling and cleaning of the teeth or dentures as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Clean and handle dentures properly and safely.

PERFORMANCE GUIDE:

1. Consult patient concerning preferences with reference to care of teeth/dentures.
2. Wash hands thoroughly.
3. Assemble supplies.
4. Ask patient to remove dentures.
5. Offer patient mouthwash and container for disposing of mouthwash.
6. Take dentures to the bathroom, brush, clean in recommended manner and rinse in cold water. Or if desired provide a container for cleansing and storage of the dentures on the bedside table.
7. Return dentures to patient.

SUGGESTED LEARNING ACTIVITIES:

1. Review kinds of cleansing agents for dentures and possible substitutions, when agent not available.
2. Read instructions concerning the proper care of teeth and dentures.
3. Role play trying to get a patient who wears dentures, but is sensitive about them, to remove dentures in order that they may be cleaned.
4. Make arrangements for an indigent and/or elderly patient to obtain services at the dental clinic. Discuss eligibility requirements.
5. If patient appears to experience difficulty chewing, demonstrate methods which may be used to get the patient to make an appointment to be examined by a dentist.
6. Discuss how assistance may be given to patient in such a manner that he or she will feel useful.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Dental Assistant

Dental Society Representative

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath and Company, 1966.

UNIT:

Patient Care

GENERALIZATION:

When attending a bedridden patient, it will be necessary to assist the patient by offering and removing bedpan or urinal periodically.

DUTY:

Assisting in Waste Removal

TASK:

Gives and removes bedpan or urinal

PERFORMANCE OBJECTIVE:

Given the necessary supplies and equipment the trainee will follow prescribed procedures for offering and removing bedpan or urinal.

CRITERION-REFERENCED MEASURE:

Demonstrate offering and removing bedpan or urinal correctly.

PERFORMANCE GUIDE:

1. Consult with patient.
2. Wash hands thoroughly.
3. Assemble supplies and equipment.
4. Warm bedpan.
5. Assist in positioning patient.
6. Assist patient, if needed, with cleansing.
7. Remove and cover bedpan. If using urinal, have patient hand urinal to you.
8. Offer basin of water and soap so patient can wash hands.
9. Remove bedpan or urinal to bathroom, inspect results and record any unusual appearance.
10. Collect specimen, or measure and record, if required.
11. Dispose of waste in toilet.
12. Clean and disinfect bedpan or urinal and return to

PERFORMANCE GUIDE: (Continued)

bedside table.

13. Wash hands thoroughly.

SUGGESTED LEARNING ACTIVITIES:

1. List some danger signals with reference to urinary activities.
2. Observe demonstrations of placing and removing bedpan or urinal.
3. Make list of techniques to be employed when placing and removing bedpan or urinal.
4. Discuss the basic functions of urinary and bowel systems.
5. Role play desirable and inappropriate behaviors when patient request a bedpan or urinal.
6. Review appropriate terminology and types of utensils and supplies for assisting patient with elimination.
7. If appropriate utensils are not available, how may household items be adapted to meet needs of bedridden patient for elimination.
8. Discuss ways of attending and managing an incontinent patient.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Health Occupations Instructor

Public Health Nurse

Urologists

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Eldridge, Priscilla B. Caring for the Disabled Patient. Oradell, N.J.: Medical Economics Book Division, 1978.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath Company, 1966.

Riehl C. Luise. Family Nursing. Peoria: Chas. A. Bennett Co., Inc., 1974.

UNIT:

Patient Care

GENERALIZATION:

When trainees understand the importance of sanitary practices in the care of the ill and practice such procedures they not only protect their own health but that of the client.

DUTY:

Disinfecting and Sterilizing Equipment

TASK:

Disinfect and sterilize equipment

PERFORMANCE OBJECTIVE:

Given a patient, necessary supplies and equipment, the trainee will demonstrate appropriate procedures for handling and sanitizing equipment so as to combat the spread of bacteria.

CRITERION-REFERENCED MEASURE:

Demonstrate how to sanitize equipment and care for equipment after it has been sanitized.

PERFORMANCE GUIDE:

1. Determine equipment and materials to be disinfected or sterilized.
2. Decide on method to be employed for the particular item.
3. Assemble equipment and materials.
4. Handle equipment and materials to avoid contamination of self and other items.
5. Use proper procedures and materials to sterilize or disinfect item.
6. Store items so as to keep them sterile.

SUGGESTED LEARNING ACTIVITIES:

1. Read instructions pertaining to isolation, disinfection and sterilization of equipment and supplies use by patients. Distinguish between disinfectants and sterilization and when each should be used.
2. Shop and compare the cost of various products in the market place for disinfecting and sterilizing equipment and materials.
3. Discuss economical methods which may be employed to disinfect equipment and supplies when working in a home of an indigent person who lacks funds for desirable supplies.
4. Make a list of types of equipment that need to be disinfected and sterilized.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Health Occupations Instructor

Professional Nurse

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath and Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Company, Inc., 1974.

UNIT:

Patient Care

GENERALIZATION:

Because of a feeling of security generated by the fact that the client has confidence in your ability and interest in handling personal affairs, care must be taken to keep the client apprised of all such activities so that client can concentrate on regaining health.

DUTY:

Assisting the Client with Handling Affairs

TASK:

Run errands for ill or disabled client

PERFORMANCE OBJECTIVE:

Given a client who is ill and a request to run errands, the trainee will check to make sure he/she clearly understands the wishes of the client, take care of the request in a businesslike manner and report back to the client promptly.

CRITERION-REFERENCED MEASURE:

Demonstrate run errands and take care of matters and report promptly to the client.

PERFORMANCE GUIDE:

1. Consult with patient concerning errand to be run and matters to be taken care of.
2. Repeat instructions to be sure information is understood.
3. Run errands and take care of matters in a businesslike manner.
4. Return promptly and report back to client.
5. If records, receipts involved file in a secure place.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss type of errands client most likely to request. (Ex: Deposit social security check in the bank, pick up clothing from dry cleaners.)
2. Role play reporting back to a client who has difficulty remembering what he/she asked you to do, how much money he/she gave you, etc.
3. Make out a deposit slip for a savings account, checking account; reconcile a bank statement, apply for food stamps.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Homemaker-Home Health Aide to discuss type of errands and services rendered

UNIT:

Patient Care

GENERALIZATION:

In order to break the monotony of a person confined because of illness, knowledge of how to direct a variety of activities such as, parlor games may be helpful.

DUTY:

Directing Recreational Activities

TASK:

Entertain patient

PERFORMANCE OBJECTIVE:

Given a patient who is confined because of illness, and a variety of games, the trainee will select, introduce and play games to entertain or amuse patients of various ages, conditions and interest based on the amount of physical and mental activity indicated by the attending physician.

CRITERION-REFERENCED MEASURE:

Demonstrate how to select, introduce and teach an appropriate game to a child, an adult and a senior citizen.

PERFORMANCE GUIDE:

1. Check for the availability of games in the home.
2. Interview the client in reference to interest in games, type of games played in the home and with whom played.
3. Locate game(s).
4. Read instructions and or explain the objects of the game to the client.
5. Check to see if client is familiar with the game and would like to play the game. (Perhaps client will teach you.)

PERFORMANCE GUIDE: (Continued)

7. If not, do not insist--postpone until some other time and try to introduce same or another game.
8. If other family members are available, engaging them in the activity around the patient will sometimes arouse the patient's interest in the game. Intellectual activity can be very stimulating and taxing on the energy level; therefore take care not to overly tax the patient.

SUGGESTED LEARNING ACTIVITIES:

1. Devise simple games or other activities when they are not available in the home.
2. Plan and make an activity kit consisting of small games which may be played by a young child, an adolescent, an adult, and a senior citizen.
3. Role play how to get a patient to become interested in a game or other activity.
4. Teach a game or other activity to a classmate while being observed by other members of the class. Critique one another's teaching behavior.
5. Visit the occupational therapy ward of a hospital and observe types of activities recommended for patients who have various disabilities.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Director of Activities at a Senior Citizen's Day Care Center

Hospital Volunteer Worker from a Children's Ward

Occupational Therapist

Eldridge, Priscilla B. Caring for the Disabled Patient. Oradell, N.J.: Medical Economics Company Book Division, 1978.

UNIT:

Patient Care

GENERALIZATION:

When improvising equipment to make patient comfortable it must be economical, safe, and efficient.

DUTY:

Making the Patient Comfortable

TASK:

Make and improvise equipment

PERFORMANCE OBJECTIVE:

Given a patient, appropriate supplies and tools, the trainee will make and improvise equipment which is comfortable, safe and economical as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Make equipment to make patient comfortable.

PERFORMANCE GUIDE:

1. Read directions for type of equipment and materials needed to make the patient comfortable based on patient's conditions.
2. Consult with patient concerning availability of funds.
3. Consult with physician concerning the requirements for health and safety.
4. Obtain and or assemble required tools and supplies.
5. Make equipment such as is needed to
    a) support patient
    b) relieve pressure
6. Consult with patient concerning the adjustments needed in the equipment.

SUGGESTED LEARNING ACTIVITIES:

1. Look up places where patient equipment may be purchased or rented.
2. Compare the cost of equipment which may be purchased, rented or made at home. What criteria should be used to determine which method to use?
3. Visit a hospital and make a list of all the devices and methods used to make the patient comfortable. Indicate those which appear fairly easy to improvise and categorize in terms of those which (a) support patient and (b) relieve pressure.
4. Observe a demonstration by the industrial arts or carpentry teacher of simple to make items for the patient in the home.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Industrial Arts Teacher

Occupational Therapist

Physical Therapist

Professional Nurse

Eldridge, Priscilla B. Caring for the Disabled Patient. Oradell, N.J.: Medical Economics Company Book Division, 1978.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath and Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas. A. Bennett Co., Inc., 1974.

UNIT:

Patient Care

GENERALIZATION:

When a patient has limited movement, care must be taken to encourage and assist the patient to consistently engage in movement activities which will strengthen his/her ability to regain full access to the affected limbs.

DUTY:

Assisting in Ambulation

TASK:

Assist patient with ambulation

PERFORMANCE OBJECTIVE:

Given a patient who has limited movement, use proper procedures to assist patient into and out of bed, automobile, or wheelchair, to bathroom and up and down stairs as determined by the instructor.

CRITERION-REFERENCED MEASURE:

Demonstrate proper procedures for assisting patient who has limited movement to accomplish above activities.

PERFORMANCE GUIDE:

These skills can perhaps best be learned through a series of demonstrations and the opportunity to practice the desired skills in assisting one another in the classroom.

Note: Patient must be assisted through a series of activities prior to actual walking as follows:
From bed-----------wheelchair-----------parallel
bars----------walker---------------crutches
or cane-------unsupported walking

SUGGESTED LEARNING ACTIVITIES:

1. Visit hospital ward and observe patients learning to walk again.
2. Visit a hospital for crippled children or such ward.
3. Describe experience you or a member of your family may have had such as a broken leg. Explain how you assisted person in gaining confidence in ability to walk.
4. Arrange a display or bulletin board of the types of canes, crutches, and wheelchairs.
5. Make a chart of the types of canes, crutches and wheelchairs, and the particular condition and disability aided by their use.
6. Visit a store that specializes in equipment for the ill and disabled.
7. Describe the physiological and psychological effect of ambulation on the patient.
8. List precautions to be taken when assisting a patient.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Physical Therapists

Professional Nurse

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Eldridge, Priscilla B. Caring for the Disabled Patient. Oradell, N.J.: Medical Economics Company Book Division, 1978.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas A. Bennett Co., Inc., 1974.

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ______________________ DATE ENROLLED ______________

UNIT: ____

Date(s)	Evaluated	Patient Care	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		Applies knowledge/skills and						
		uses appropriate procedures/						
		methods/equipment and						
		materials to:						
		understand emotional and						
		physical needs of per-						
		sons who are ill						
		describe effects of physi-						
		cal health upon mental						
		and emotional outlook						
		assist patient in follow-						
		ing physician's orders						
		consult with patient						
		about meals						
		assist patient in cleaning						
		teeth/dentures						
		give and remove bed pan/						
		urinal						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ________________________ DATE ENROLLED ____________

UNIT: ____

Date(s) Evaluated		Patient Care	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		record intake and output of patient						
		disinfect and sterilize equipment and materials						
		shop and run other errands for patient						
		write check/bank deposit slip						
		pay bills promptly and file receipts						
		assist patient in making out a budget						
		write letters which communicate patient's message						
		complete forms neatly and accurately						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ______________________________ **DATE ENROLLED** ______________

UNIT: ____

Date(s)	Evaluated		Trainee			Instructor		
Mo/Day	Mo/Day	Patient Care	2*	1*	0*	2*	1*	0*
		assist patient in making medical appointments						
		record changes in condition of patient						
		teach game to another person						
		make and improvise equipment to support patient						
		make and improvise equipment to relieve pressure on patient						
		assist patient with ambulation						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHAPTER X

FIRST AID AND EMERGENCY PROCEDURES

UNIT:

First Aid and Emergency Procedures

GENERALIZATION:

Because homemaker-home health aides are often alone with the client, they should be able to perform simple first aid procedures.

DUTY:

Administering First Aid

TASK:

Assist a choking victim

PERFORMANCE OBJECTIVE:

Given a patient who is in the process of choking, the homemaker-home health aide will apply the procedure for assisting the choking person.

CRITERION-REFERENCED MEASURE:

Demonstrate proper procedure for assisting a choking person. (adult) (infant)

PERFORMANCE GUIDE:

1. Determine condition and position of person choking.
2. Determine appropriate procedure.
3. Act immediately to apply proper procedure - i.e. manual thrusts or manual removal.

   Caution: Take care in the location of placement of hands to avoid injury to person.

SUGGESTED LEARNING ACTIVITIES:

1. Describe the appearance and behavior of a choking victim.
2. Observe a demonstration of the various procedures used with choking victim:
    a. Manual thrusts

SUGGESTED LEARNING ACTIVITIES: (Continued)

        1) The abdominal thrusts
            a) victim standing or sitting
            b) victim lying down
        2) The chest thrust
            a) victim standing or sitting
            b) victim lying down
    b. Manual removal
        1) Tongue-jaw lift
        2) Finger sweep

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

First Aid Instructor from American Red Cross

American Red Cross. Family Health and Home Nursing.
Garden City, N.Y.: Doubleday and Co., Inc., 1979.

UNIT:

First Aid and Emergency Procedures

GENERALIZATION:

Because of the age and condition of the client served, the trainee should be prepared to administer emergency first aid, if needed.

DUTY:

Administering Emergency First Aid

TASK:

Assisting a bleeding person

PERFORMANCE OBJECTIVE:

Given a client who is bleeding, the trainee will assess the situation and determine where to apply pressure to stop the bleeding.

CRITERION-REFERENCED MEASURE:

Demonstrate how to apply pressure to stop bleeding.

PERFORMANCE GUIDE:

1. Quickly observe patient.
2. Apply pressure directly over the bleeding spot or to the artery.
3. Apply clean dressing, if available, or other cloth, if dressing is not available, firmly, but not too tight.
4. Apply firm dressing to hold first dressing in place.
5. Cover the patient to keep him/her warm to lessen the possibility of shock.

SUGGESTED LEARNING ACTIVITIES:

1. Distinguish between bleeding that comes from an artery or a vein.

SUGGESTED LEARNING ACTIVITIES: (Continued)

2. Locate the six main pressure points on the body.
3. Demonstrate first aid procedures using class members as victims of various accidents.
4. Critique each other on procedures employed in item 3 above.
5. Describe types of conditions, or wounds which may cause bleeding, such as: (a) small cut or scratch (b) puncture wounds (c) splinters (d) nosebleeds, (e) internal bleeding, (f) bruises, (g) a bad cut or wound.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

First Aid Instructor American Red Cross

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, Inc., 1979.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath and Company, 1966.

UNIT:

First Aid and Emergency Procedures

GENERALIZATION:

When attending a client who is suspected of having ingested poison, the trainee should be prepared to offer emergency first aid.

DUTY:

Administering Emergency First Aid

TASK:

Assisting a person suspected of poisoning

PERFORMANCE OBJECTIVE:

Given a client suffering from suspected poisoning, the trainee will follow recommended first aid procedures as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Follow first aid procedures in reference to a person suspected of suffering from poisoning.

PERFORMANCE GUIDE:

1. Observe the person, and note appearance of face, eyes, and if convulsing.
2. Determine status of vital signs.
3. Determine what, if antidote is called for immediately.
4. If cause is known, call emergency room and report as much information as is known.
5. Follow instruction given by physician in emergency room.
6. Treat for shock.
7. Keep patient under close observation.

SUGGESTED LEARNING ACTIVITIES:

1. Make a variety of antidotes and discuss the types of poisons which they may be used to counteract.
2. Describe experiences you may have had with someone who had taken poison either accidentally or purposefully.
3. Discuss the care in handling and storing poisonous substances in the home.
4. Role play advising the client of inappropriate storage of poisonous substances and medicines in the client's home.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

First Aid Instructor American Red Cross

Eldridge, Priscilla B. Caring for the Disabled Patient. Oradell, N.J.: Medical Economics Company Book Division, 1978.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath Company, 1966.

Riehl, C. Luise. Family Nursing. Peoria: Chas A. Bennett Co., Inc., 1974.

UNIT:

First Aid and Emergency Procedures

GENERALIZATION:

Because of the age and condition of the client served, the trainee should be prepared to administer emergency first aid in a variety of situations.

DUTY:

Administering Emergency First Aid

TASK:

Assisting a person whose clothing is on fire

PERFORMANCE OBJECTIVE:

Given a client whose clothing is on fire, the trainee will demonstrate appropriate procedures for extinguishing the fire and immediate care of the client.

CRITERION-REFERENCED MEASURE:

Describe how to extinguish a fire on a person's clothing using appropriate procedures.

PERFORMANCE GUIDE:

1. Quickly observe person whose clothing are burning.
2. Determine cause of fire.
3. Apply appropriate procedures to extinguish fire (ex: cover with blanket or quilt.)
4. Call for emergency assistance, if needed.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss the three main causes of home accidents: (a) Environmental factors; (b) human factors; and (c) a combination of both and what methods may be used to reduce home accidents.
2. Discuss causes of home fires and what may be done to reduce the likelihood of such accidents.

SUGGESTED LEARNING ACTIVITIES: (Continued)

3. Explain how one might "fire proof" a home insofar as children starting fires in the home.
4. Enroll in a Red Cross first aid program.
5. Plan a family fire drill.
6. Demonstrate methods and materials used to extinguish fires caused by different materials.
7. Distinguish among the three classes of burns.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Fire Marshal

American Red Cross. Family Health and Home Nursing. Garden City, N.Y.: Doubleday and Company, 1979.

Eldridge, Priscilla B. Caring for the Disabled Patient. Oradell, N.J.: Medical Economics Company Book Division, 1978.

Fleming, Mary Owers and Benson, Marion C. Home Nursing Handbook. Boston: D.C. Heath Company, 1966.

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:____________________ DATE ENROLLED____________

UNIT:______________________________________

Date(s) Evaluated		First Aid and Emergency	Trainee			Instructor		
Mo/Day	Mo/Day	Procedures	2*	1*	0*	2*	1*	0*
		Applies knowledge/skill and						
		uses appropriate procedures/						
		methods/equipment and						
		materials to:						
		recognize situations which						
		require emergency care						
		demonstrate how to obtain						
		emergency help						
		assist a choking victim						
		(adult)						
		assist a choking victim						
		(child)						
		assist a bleeding person						
		assist a person suspected						
		of suffering from						
		poisoning						
		give antidote						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
- 2. Satisfactory performance/understanding
- 1. Instruction/improvement needed/recycle
- 0. Failed to meet criteria

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE: ______________________ DATE ENROLLED ____________

UNIT: ____

Date(s) Evaluated		First Aid and Emergency Procedures	Trainee			Instructor		
Mo/Day	Mo/Day		2*	1*	0*	2*	1*	0*
		treat for shock						
		assist person whose						
		clothing is on fire						
		match materials to						
		extinguish fire with						
		cause of fire						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

CHAPTER XI

ORIENTATION TO COMMUNITY AGENCIES, NEEDS, AND SERVICES

UNIT:

Orientation to Community Agencies, Needs, and Services

GENERALIZATION:

Prior to completion of the program, the homemaker home health aide should be made aware of the opportunities for employment in the field.

DUTY:

Utilizing the Services of Certain Community Agencies

TASK:

Availability of jobs

PERFORMANCE OBJECTIVE:

Prior to completing the training program, the trainee will list all the local agencies which hire homemaker home health aides.

CRITERION-REFERENCED MEASURE:

List all local agencies which hire homemaker-home health aides.

PERFORMANCE GUIDE:

1. Refer to want ads periodically to determine if ads appear for position of homemaker home health aide. Clip and file, or record such ads.
2. Make a notation of the salary, working hours, and employee benefits.
3. Call agencies, such as, hospitals, social services' bureau and public health services to determine if positions are available which utilize the services of a homemaker-home health aide.
4. Keep a log of such contacts.

SUGGESTED LEARNING ACTIVITIES:

1. Invite personnel officer from relevant agencies

SUGGESTED LEARNING ACTIVITIES: (Continued)

to talk about the job market for homemaker-home health aides.

2. Respond to the question "Are homemaker-home health aides needed in your community?"
3. Describe how you learned about the career of homemaker home health aide. For example: an ad? personal contact with a homemaker home health aide? Other?

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Personnel Officer

Representatives from various community agencies such as:

United States Employment office
Social Services
Jewish Family Services
Hospitals
Nursing homes

UNIT:

Orientation to Community Agencies, Needs, and Services

GENERALIZATION:

Because trainees entering the working world for the first time may not be aware of the community services available to them and how to apply for such services, instruction should be provided to enable the trainee to utilize various community services as a means of improving the quality of life both for themselves and their clients.

DUTY:

Utilizing the Services of Certain Community Agencies

TASK:

Apply for a job

PERFORMANCE OBJECTIVE:

Prior to completing the training program the homemaker-home health aide will apply for a job by completing application forms neatly and accurately, as judged by the instructor.

CRITERION-REFERENCED MEASURE:

Apply for a job by completing application forms neatly and accurately.

PERFORMANCE GUIDE:

1. Visit the U.S. employment office and other placement agencies.
2. Use proper procedures when telephoning for an appointment for an interview.
3. Write a resume.
4. Complete a job application.
5. Write a letter to ask for a letter of recommendation.
6. Maintain a file (record) of all of the above.

SUGGESTED LEARNING ACTIVITIES:

1. Consult the telephone directory and make a list of agencies who are likely to employ homemaker home health aides. Verify your list with classmates and the instructor.
2. Practice role playing a telephone call to ask for an interview.
3. Discuss the basic components of a resume.
4. Discuss the importance of accuracy when completing a job application form.
5. Discuss the need for a letter of recommendation.
6. Explain the meaning of the following statement: "first impressions are lasting impressions." What does this mean in terms of dressing, (grooming) for an interview?
7. Role play an interview.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Job Developer

Personnel Officer

James, Barry. Call Me Mister. Bronx: Milady Publishing Corp., 1974.

Tolman, Ruth. Charm and Poise for Getting Ahead. Bronx: Milady Publishing Corp., 1975.

UNIT:

Orientation to Community Agencies, Needs, and Services

GENERALIZATION:

Because homemaker-home health aides are oftentimes self-employed, care should be taken in formalizing the employer/employee agreement.

DUTY:

Obtaining a Job

TASK:

Draw up employer/employee agreement

PERFORMANCE OBJECTIVE:

Given an opportunity for employment in a private home, the homemaker-home health aide will draw up an employer/employee agreement which includes duties, hours of work, employee benefits and hourly salary, method and time of payment.

CRITERION-REFERENCED MEASURE:

Draw up employer/employee agreement which is mutually acceptable to both parties.

PERFORMANCE GUIDE:

1. Discuss with potential client the employer/employee agreement.
2. Make notes with reference to agreement.
3. Decide on topical categories and relevant statements.
4. Draw up agreement.
5. Make appointment with potential client to discuss agreement.
6. Obtain client's signature and give client a copy of the agreement.
7. File your copy of agreement in a safe place in your home.

SUGGESTED LEARNING ACTIVITIES:

1. Trainees discuss the components of an employer/employee agreement.
2. Review variety of such agreements supplied by the instructor and discuss the completeness of each.
3. Draw up an employer/employee agreement.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Job Developers from Local Agencies

Personnel Officer from Hospital or Community College, Social Services Bureau

U.S. Employment Office Representative

Alumni of the Homemaker Home Health Aide Program

UNIT:

Orientation to Community Agencies, Needs, and Services

GENERALIZATION:

Because trainees will work with clients who may or may not be familiar with resources in the community, the trainee will become familiar with various agencies which may assist the client.

DUTY:

Utilizing Services of Certain Community Agencies

TASK:

Assist client in requesting services

PERFORMANCE OBJECTIVE:

When presented with a special problem concerning the client, the trainee will be able to refer the client to the agency most likely to handle the particular problem.

CRITERION-REFERENCED MEASURE:

Refer client to the community agencies most likely to handle the particular problem.

PERFORMANCE GUIDE:

1. Discuss problem with the client.*
2. Make telephone call to relevant agency to confirm services available.
3. Arrange an appointment, if necessary or request appropriate information or forms be mailed to client.
4. Assist client in completing forms, if such assistance is needed.
5. Make copy for client and file in safe place.
6. Mail or return forms to agency.
7. After reasonable time lapse, follow-up with a telephone call to determine status of request.

*One such problem may be client's eligibility and need of food stamps.

SUGGESTED LEARNING ACTIVITIES:

1. Discuss and name community agencies.
2. Match community agencies with their functions and services available.
3. Take a field trip to various community agencies such as, social, welfare, health and recreational agencies.
4. Interview representatives from various community agencies to become familiar with the services available and how to apply for them.
5. Collect brochures and make a file of various community agencies.
6. Discuss the role of the trainee in assisting the client when physical and mental well-being is at stake.

SUGGESTED REFERENCES AND RESOURCES FOR THIS UNIT:

Representatives from various community agencies, such as:

- Social Services
- Health and Welfare
- Social Security Administration
- Recreation
- Day Care Centers
- Consumer Affairs Office
- Public Library
- Senior Citizens Center

CHECKLIST OF PERFORMANCE

Content/Skill/Competency

TRAINEE:______________________________ DATE ENROLLED______________

UNIT:____

Date(s)	Evaluated	Orientation to Community	Trainee			Instructor		
Mo/Day	Mo/Day	Agencies, Needs and Services	2*	1*	0*	2*	1*	0*
		Applies knowledge/skill and						
		uses appropriate procedures/						
		methods/equipment and						
		materials to:						
		understand basic community						
		agencies and services						
		which hire homemaker-						
		home health aides						
		apply for a job - complete						
		application form neatly						
		and accurately						
		draw up an employer/						
		employee agreement						
		assist client in request-						
		ing services						
		match agent to their func-						
		tion or service provided						

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
2. Satisfactory performance/understanding
1. Instruction/improvement needed/recycle
0. Failed to meet criteria

PART III. PUBLICITY, RECRUITMENT, FOLLOW-UP AND EVALUATION

CHAPTER XII

PUBLICITY AND RECRUITMENT

The homemaker-home health aide training program is an adult education program and as such it must, for the most part, rely on the agency's ability to communicate with the public in order to recruit trainees. Thus, from the initial plan to implement a homemaker-home health aide program to the graduation and placement of its first graduates, two aspects must be included in the planning: (1) an advisory council, and (2) plans for disseminating information to the public concerning the program such as: when it will commence, who is eligible to enroll, what is required for admission, where the program will be held, fees, if any, and the need for the service in the community, the type of jobs available and the population to be served. Involving the media with the program from the beginning can open the door for additional publicity as you move through various stages of the program. For example, if this will be the first program of its kind in your community, this is a newsworthy story. Secondly, if you have been successful in obtaining special funding for the program through federal, state, local education funds or special grants from other departments, such as, Human Resources, or private foundations, this also makes such information worthy of publication. Further after the first class completes the program, any final ceremony, such as, a graduation exercise which includes presentation of certificates would be of interest to the media.

A newspaper is in business to make a profit and thus recognizes the value of news which will increase the number of papers sold. Sales show that there is a ratio of six papers sold per each name listed in a news article. Thus, an article with accompanying photograph and the names of all the graduates is more or less certain to be published if it is written in good form, consist of accurate and concise information and is submitted to the news editor no later than the day it happens. Much of the time the story can be given to the editor before it happens. For example: the date class commences, and the dates of other important events, such as graduation are known in advance. If a photograph is not involved, there usually is no valid reason why one must wait until the event is over to prepare and submit the news release.

It is imperative that educators develop the practice of including publicity and keeping the public apprised of their activities on a regular basis. While establishing and maintaining good rapport with representatives of the media can be of inestimable value to the success of the program, one cannot overemphasize the fact that good public relations is based upon good performance, first, and good communications, second. "Actions speak louder than words" is a truism that might well be remembered by those responsible for the promotion of programs and the need to recruit persons for the training. Certainly publicity concerning programs such as this one, not only provides a means of recruitment, but also serves to make those persons in need of the services which homemaker-home health aides are trained to provide, aware of the availability of such persons.

The newspaper is just one means of communicating to the public. Take advantage of every opportunity to help the public understand the program and how community needs for training, employment, and services are being met through the homemaker-home health aide program. Other means and methods of reaching the public are through personal and professional contacts wherein one speaks enthusiastically and positively about the program; feature stories in periodicals, journals, community and association newsletters, magazines; interviews and press conferences which are carried on television and radio stations; and flyers and letters which are mailed to citizens, sent home to parents of school children and delivered to shopping malls, supermarkets, banks, churches and recreation centers. However, one of the most effective means of communication about a program although limited in its scope, is that message passed from person to person. This seems especially significant in working with programs for adults.

If success is to be attained in the area of public communication one cannot over estimate the importance of a good relationship with members of the news media; timing, accuracy, and conciseness of the story; and a keen sense of the potential news worthiness of an event. Persons interested in preparing news stories will find it helpful to clip similar stories from the newspaper for use as examples and to observe certain recommended guidelines when preparing an article for publication. They are as follows:

1) The article should be typed double spaced on one side of regular bond typing paper.
2) Margins should be one and a half inches on both sides of the paper
3) The name, address, and phone number of the person responsible for the article should be placed in the upper left hand corner of the page to facilitate confirmation of the information provided.
4) The story should be typed beginning approximately one third of the distance from the top of the page.

No only is the format to be used for the article specified, but the story should furnish information concerning the who, why, what, when, where and how of the event. The article should not exceed one page except in unusual circumstances and should include the full names, addresses and titles of all persons mentioned in the article.

One of the most obvious immediate benefits from the news coverage of the program is the increased number of phone calls from prospective applicants inquiring about the program. In summary, good publicity is an asset to the homemaker-home health aide training progam and should be initiated during the planning for such programs.

CHAPTER XIII

FOLLOW-UP AND EVALUATION

Follow-up

One of the most effective means of maintaining contact with former graduates is through an organized alumni association. The Norfolk Public School System's Certified Homemakers of Virginia Training Program has an active alumni association which has been in existence since the early years of the program. The alumni which has an elected executive council, assesses dues and meets four times a school year. The instructor of the program serves as the advisor to the executive council and also as a liaison person between the advisory council and the alumni.

The purposes of the alumni association as outlined in its constitution and bylaws are as follows:

1) To keep the community informed of the paraprofessional qualifications of its members and their ability to assist the family in carrying out homemaking activities in situations resulting from illness or emergencies.

2) To help families that are threatened with disruption, illness, death, maladjustment, ignorance, and other problems by:

    a) Maintaining high professional standards of homemaker service to the community.
    b) Promoting an understanding of the value of homemaker service to the community.

3) To provide a central source of information and in-service training for its members.

During the meetings which are held at night, members have an opportunity to discuss problems, issues and concerns, and also through the association, have cultivated somewhat of a feeling of "esprit de corps." These contacts with other persons who are employed in the field serve to help alleviate the feeling of "isolationism" which may develop when persons work alone in a situation, or a home caring for a patient who is seriously, or terminally ill, and has few relatives or friends in the community, few, if any, visitors, and thus the aide has very few contacts with other persons while on the job.

Of especial interest to the alumni is the sharing of suggestions for handling of particular problems which are being experienced on the job. This is perhaps more significant for the more recent, less experienced, graduate who welcomes the opportunity to gain insights from the more experienced alumni, many of whom have worked in a variety of situations.

Through the alumni association the instructor is better able to assess what modifications are needed in the instructional program to assist new graduates to meet the challenges which they will encounter; the types of cases and situations in which the graduates are serving; those graduates in need of employment and a unique opportunity for recruiting trainees for the program.

Each class of trainees are advised of the alumni association and invited to attend a meeting, (if one is scheduled) during their training. They are also invited to join the association upon graduating from the program. Occasionally, persons who are employed in the field who did not complete this program request to join the association. However, since it is an alumni association, as the name implies, persons who did not take the training at this center, may not be accepted for membership in the association.

The meetings also offer inservice workshops on pertinent topics of interest; such as, employer/employee relationships, death and dying, child care and development, HOSPICE services, and recent developments in the field. Periodically, social activities are planned; Christmas parties and summer picnics, which include invited guest; such as, family members and friends.

Further, not only does the alumni association provide an avenue for active contact and communication with many of the graduates; but it also provides an opportunity to keep rosters current since, although a particular graduate may not be active in the alumni, all graduating classes are represented and information is available concerning members with whom the active alumni have been in contact. Thus opportunities for follow-up on graduates of the program is facilitated.

Follow-Up Survey of
Graduates of Homemaker-Home Health Aide
Training Program

Please complete this questionnaire as accurately and honestly as you can so that the program may better meet the needs of the future graduates of this program. Place a check mark ( ) in the appropriate space.

A. Personal data, Training and Work History

1. Indicate date you graduated from the Homemaker-Home Health Aide Program.

_________ Month _________ Year

2. Indicate your age range, sex and highest grade attained.

a. Age Range

___ 20-25
___ 26-35
___ 36-45
___ 46-55
___ 56-65
___ Over 65

b. Sex

___ Male
___ Female

c. Highest Grade/Level

___ Below 8th Grade
___ 9th Grade
___ 10th Grade
___ 11th Grade
___ 12th Grade
___ 1 Year College
___ 2 Years College or Above

3. Are you currently employed as a homemaker-home health aide?

_________ Yes _________ No

4. If yes, date employed on this particular job.

_______ Month _______ Year

5. How soon after graduation did you obtain a position as a homemaker-home health aide?

___ Number of Weeks
___ Number of Months
___ Number of Years

6. Through what means did you find a position?

___ The Instructor
___ Newspaper Want Ad or Other Media
___ U.S. Employment Officer
___ Private Employment/Placement Agency
___ A Friend/Relative
___ School Job Developer
___ Other (Specify)

7. If not, have you ever been employed as a homemaker-home health aide?

___ Yes. Please give dates of employment: ___________
___ No

8. If not employed as a homemaker-home health, please give reason why not employed.

___ No Desire for Employment
___ Unable to Find Employment
___ Employed in Higher Paying Job
___ Poor Health
___ Other (Specify) ______________________

9. If you are currently employed as a homemaker-home health aide, how well did the training prepare you for this position?

___ Outstandingly
___ Satisfactorily
___ Inadequate Preparation
___ Other (Specify) ______________________
____

10. How far do you live from your place of work? (Check One)

___ 0-5 Miles
___ 6-10 Miles
___ 15-30 Miles

___ 30-40 Miles
___ More Than 40 Miles

11. What means of transportation do you use to travel to work.

___ Walk
___ Public Transportation/Bus
___ Personal Auto
___ Pool With Other Persons
___ None Required; Live-In
___ Other (Specify) ___________

12. Indicate the type of situation for which employed.

___ Post Natal Care
___ Child Care Only
___ Child Care and Home Management
___ Care of Aging Person
___ Care of Handicapped Person
___ Care of Disabled Person
___ Care of Chronically Ill
___ All of the Above
___ None of the Above

13. Indicate term of service.

___ Temporary
___ Part-Time
___ Indeterminate
___ Duration of the Condition

14. Indicate number of hours a week you usually work on your present job.

___ Less Than 20 Hours
___ 20-24 Hours
___ 25-29 Hours
___ 30-34 Hours
___ 35-40 Hours
___ More Than 40 Hours

15. What is your hourly wage rate for your present job?

___ $2.61-$3.09 per Hour
___ $3.10-$3.60 per Hour
___ $3.61-$4.09 per Hour
___ $4.10-$5.60 per Hour
___ $5.61 or More per Hour

16. If you are not paid on an hourly basis, indicate your weekly salary before taxes.

___ $121-$150 per Week
___ $151-$180 per Week

___ $181-$210 per Week
___ $211-$240 per Week
___ $241-$270 per Week
___ $271 or More

17. Indicate employee benefits paid to you by your employer.

___ Bus Fare
___ Social Security Insurance
___ Paid Vacation
___ Mileage Allowance
___ Hospitalization
___ Paid Sick Leave

18. Are you satisfied with your present position/employer?

___ Yes
___ No

19. If not, give reasons for dissatisfacton with your position/employer.

___ Pay Inadequate for Work Required
___ Cannot Please Employer
___ Work Day Too Long
___ Too Far From Place of Residence
___ Inconvenient to Travel To
___ Other (Specify) ______________________________

20. Indicate other jobs/positions held:

Job/Position	Dates Held

B. Inservice

21. Are you interested in taking a refresher course on Homemaker-Home Health Aide curriculum?

___ Yes
___ No

22. If so, indicate area of the homemaker-home health training program in which you would like more information:

___ Orientation to the Career
___ Human Development and Human Relationship
___ Personal Care
___ Patient Care
___ Nutrition, Meal Planning, Food Preparation and Service
___ Housekeeping, Sanitation and Safety
___ Maternal, Infant and Child Care
___ Geriatric Care
___ First Aid and Emergency Procedures
___ Orientation to Community Agencies, Needs and Services
___ Employer/Employee Relationships

23. Indicate preferred season, time, and length refresher course should be offered.

Fall	Winter	Spring	Evenings
___	___	___	7:00-8:30 p.m.
___	___	___	7:00-9:00 p.m.
___	___	___	7:00-9:00

Length

___ Once a Week for 1½ Hour Each for Six Weeks
___ Once a Week for 2 Hours Each for a Month
___ Twice a Week for 2 Hours Each for Two Weeks
___ Other ______________________________

C. Alumni

24. Are you an active member of the Homemaker-Home Health Aide Alumni Association?

___ Yes
___ No

25. If so, how often do you attend meetings.

___ Once or Twice a Year
___ Three or Four Times a Year
___ Never
___ Only Attend Social Activities

26. If not, give reason for lack of support of this organization.

___ Meeting Dates Conflict With Other Activities
___ Lack of Interest
___ Lack of Transportation
___ Does Not Meet Needs
___ Need More Information About Alumi Purposes, Activities, Meeting Dates
___ Other (Specify) ______________________________
____

27. What types of programs would you like the alumni to offer?

___ Educational Programs Only
___ Social Activities Only
___ Combination of the Two Above
___ Employer/Employee Relationships
___ Trends and Projections of Needs in the Field
___ Other (Specify) ______________________________

Evaluation

An effective evaluation of a program is based on solicitation of information from all persons involved in the program, from all levels, both as participants, and as persons who employ or have employed graduates of the program. Thus, evaluation instruments have been developed to obtain feedback from such persons. In order to obtain the cooperation of relevant persons in completing the questionnaire, the form should be enclosed with the cover letter explaining the reasons for the survey, requesting that the addressee complete the survey, and advising that the information obtained will be held in strict confidence. A self addressed, stamped envelop should be provided to facilitate the prompt return of the survey. Upon receipt of the survey, the evaluator (usually the instructor or coordinator of the program) should compile and summarize the data and based upon the results make decisions concerning any modifications needed in the program. Thus, the evaluation serves the purpose of providing not only a status report, but also provides data which may validate the need for such a program in the community and, if needed, whether or not the training is adequate to meet the care needs of its citizens.

INSTRUCTOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________________ DATE ENROLLED/EMPLOYED ________

PLACE OF EMPLOYMENT ______________________________

EMPLOYER/SUPERVISOR ______________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		Personal characteristics:				
		neatly attired and well groomed at all times				
		warm/pleasant/cheerful/friendly/enthusiastic				
		serious/sincere/polite/composed				
		patient/kind/considerate of others				
		honest/trustworthy				
		reliable/responsible/keep promises				
		cooperative/helpful/volunteers for tasks				
		punctuality				
		volunteers for tasks				
		attendance				

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
3. Outstanding performance/understanding/attitude
2. Satisfactory performance/understanding/attitude
1. No opportunity to observe
0. Unsatisfactory performance/improvement needed

INSTRUCTOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ____________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ____________________

EMPLOYER/SUPERVISOR ____________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		good sense of humor				
		emotionally stable				
		adaptable/flexible				
		courteous/polite				
		self respect/self confidence				
		answers questions simply and directly				
		communication skills				
		exactness/accurate in observing/reporting				
		respects property of others				
		respects others need for privacy				

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend:
3. Outstanding performance/understanding/attitude
2. Satisfactory performance/understanding/attitude
1. No opportunity to observe
0. Unsatisfactory performance/improvement needed

INSTRUCTOR EVALUATION OF
HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE________________________________ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ____

EMPLOYER/SUPERVISOR____

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		keeps relationship on a professional level				
		professional ethics/confidentiality				
		Further Comments:				

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 3. Outstanding performance/understanding/attitude
2. Satisfactory performance/understanding/attitude
1. No opportunity to observe
0. Unsatisfactory performance/improvement needed

INSTRUCTOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	Check Appropriate Column 3*	2*	1*	0*
		PERSONAL CARE				
		wash hands before and after attending patient,				
		handling food, using toilet, etc.				
		exhibit interest in the patient's/child's/client's				
		well-being				
		assist in bathing the patient/child/client				
		give a bed bath				
		place telephone calls correctly and courteously				
		deliver messages promptly and accurately				
		assist patient/child in personal hygiene and grooming				

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

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INSTRUCTOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		run errands/takes care of affairs of client as				
		requested and reports back to client promptly				
		PATIENT CARE				
		show evidence that patient comes first				
		assist patient in following physician's orders				
		employ tact in reminding patient of physician's				
		orders				
		give a bed bath				
		give a manicure				
		assist shaving patient				

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INSTRUCTOR EVALUATION OF
HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ____________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________________

EMPLOYER/SUPERVISOR ______________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		offer and remove bedpan or urinal promptly/privately				
		take temperature accurately				
		take pulse and respiration accurately				
		recognize and assist the common signs of illness				
		recognize changes in patient's condition				
		assist patient and/or clean and handle dentures				
		properly and safely				
		assist patient who is unable to feed self				
		measure intake and output of patient				
		report important information promptly to employer				

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

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TRAINEE/AIDE________________________ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ________________________

EMPLOYER/SUPERVISOR________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		apply hot and cold treatments, as prescribed				
		make an unoccupied bed				
		make an occupied bed				
		disinfect and sterilize equipment when needed				
		handle equipment and materials in such a manner as				
		avoid contamination of self and others				
		store such items as to keep them sterile				
		recognize when patient/child is suffering from bore-				
		dom and introduces games or other activities to				
		relieve the monotony				

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HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________________

EMPLOYER/SUPERVISOR ______________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		improvise equipment to make patient comfortable				
		encourage patient to engage in activities and take				
		on responsibility in keeping with improved physical				
		condition				
		assist patient who has limited movement to engage in				
		activities to regain use of limbs, etc.				
		help patient change to different positions, sit up,				
		walk, in and out of bathtub or shower				
		NUTRITION				
		explain the function of nutrients in the body				

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

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INSTRUCTOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED ________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		select foods for the nutrients they supply				
		follow special diets when prescribed, such as:				
		low-sodium diet				
		low-fat diet				
		liquid diet				
		soft diet				
		low cholesterol or fat-controlled diet				
		diet for a diabetic patient				
		practice habits of good nutrition				

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INSTRUCTOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE____ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ____

EMPLOYER/SUPERVISOR____

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		MEAL PLANNING				
		plan nutritious meals				
		make shopping list				
		comparison shop for food, cleaning agents and				
		other needs				
		plan menus for breakfast				
		considerate of family food preferences				
		follows principles of menu planning				
		plan meals which are nutritious, economical, and				
		varied				

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HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED ________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	Check Appropriate Column 3*	2*	1*	0*
		plan menus for lunch				
		plan menus in keeping with families meal patterns				
		plan menus for dinner incorporating family prefer-				
		ences and customs				
		plan and prepare dinners which are quick, nutritious,				
		palatable, appetizing and plan the use of leftover				
		foods				
		set up a schedule and coordinate meal preparation so				
		that all foods are ready at the time the meal is				
		to be served				

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INSTRUCTOR EVALUATION OF
HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE DATE ENROLLED/EMPLOYED

PLACE OF EMPLOYMENT

EMPLOYER/SUPERVISOR

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		plan menus which do not require cooking (heat to				
		prepare)				
		FOOD PREPARATION				
		take inventory of equipment/small appliances and				
		utensils				
		use correct name of such items				
		make appropriate use of such items				
		take inventory of foods on hand in preparation for				
		making marketing order list				
		measure ingredients accurately				

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HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE_______________________________ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ____

EMPLOYER/SUPERVISOR____

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		prepare foods in a variety of ways according to				
		acceptable standards emphasizing Basic Four				
		Food Groups				
		use substitutes/equivalents in food preparation,				
		when necessary				
		utilize leftovers creatively				
		prepare special diets as prescribed				
		prepare food which is palatable, attractive, and				
		retains nutritive values				
		prepare and serve meals at the accustomed hour				

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TRAINEE/AIDE ______________________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________________

EMPLOYER/SUPERVISOR ______________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		TABLE SERVICE				
		set table correctly according to menu				
		serve and remove in the proper order				
		store food promptly, properly and safely				
		employs creative ways to make meals interesting				
		and attractive				
		varies the use of table or tray decorations at meals				
		MATERNAL				
		assist client in personal hygiene and grooming				

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HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________________ DATE ENROLLED/EMPLOYED __________

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EMPLOYER/SUPERVISOR ______________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		prepare solution of proper temperature to irrigate				
		client, when needed				
		relieve client of care of infant in relation to				
		her physical and emotional stamina				
		INFANT				
		safely bathe infant making sure all surfaces are				
		clean and dry				
		dress infant				
		sterilize infants bottles and store properly				
		feed and burp infant				

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INSTRUCTOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED ________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		when infant is in bed check on infant frequently				
		present infant in a clean, fresh, sweet smelling				
		manner when guest visit				
		CHILD CARE				
		show interest and concern for children				
		bathe child using safety precautions				
		makes bath time a pleasant time				
		assist child with dressing self				
		keep record of child's growth and development, if				
		parent not able to do so				

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TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		recognize symptoms of common communicable diseases				
		describe symptoms accurately				
		take care of minor wounds				
		determine when a child should be disciplined				
		employs discipline consistent with unacceptable behavior				
		observe and direct indoor activities of children				
		select and read stories to children appropriate for age and interest				
		teach children arts and crafts activities				

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HOMEMAKER-HOME HEALTH AIDE

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PLACE OF EMPLOYMENT ________________________

EMPLOYER/SUPERVISOR________________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		select safe, easily observable outdoor play are				
		observe and direct outdoor activities of children				
		supervise children in putting toys away				
		HOUSEKEEPING				
		organizes work; manages time and conserves energy				
		maintain an orderly, and attractive room for patient				
		remove soiled dishes from patient's room promptly				
		perform light housekeeping chores				
		consult with patient prior to rearranging furniture				
		in patient's room				

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TRAINEE/AIDE ________________________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ____

EMPLOYER/SUPERVISOR ____

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		rearrange room to more conveniently accomodate				
		patient's needs				
		keep mirrors, windows, glass covered furniture,				
		and decorative glass clean				
		SANITATION				
		remove and prepare dishes for washing				
		clean and store appliances and tools properly				
		comparison shop for various household care and				
		cleaning agents				
		clean and defrost refrigerator when required				

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PLACE OF EMPLOYMENT ____

EMPLOYER/SUPERVISOR ____

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		clean kitchen floor, as needed				
		clean bathroom using paper cleaning agents, tools,				
		and materials				
		sort and launder clothing and household linens				
		according to care instructions/fold and store				
		use appropriate tools and materials to dust and				
		vacuum furniture and furnishings				
		SAFETY				
		use appliances, equipment and supplies according				
		to recommended use				

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TRAINEE/AIDE ________________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ________________________

EMPLOYER/SUPERVISOR ________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		assist in keeping home free of hazardous conditions				
		promptly mop up liquids which have been spilled				
		stores medicines, cleaning agents, and matches in				
		safe place out of reach of young children				
		demonstrate how to lift, bend, pull and carry heavy				
		objects without injury or strain on self				
		FIRST AID AND EMERGENCY PROCEDURES				
		Use proper procedure to:				
		assist a choking victim				
		apply pressure to stop bleeding/nosebleed				

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TRAINEE/AIDE ____________________ DATE ENROLLED/EMPLOYED ________

PLACE OF EMPLOYMENT ____________________

EMPLOYER/SUPERVISOR ____________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		treat person for possible shock				
		assist a person suspected of suffering from poisoning				
		assist person whose clothing is on fire				
		extinguish fire				
		administer mouth-to-mouth resuscitation				
		call for assistance				
		ORIENTATION TO COMMUNITY AGENCIES				
		Uses proper procedures to:				
		locate local agencies where jobs may be obtained				

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INSTRUCTOR EVALUATION OF
HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE______________________________ **DATE ENROLLED/EMPLOYED**__________

PLACE OF EMPLOYMENT ______________________________________

EMPLOYER/SUPERVISOR______________________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		telephone requesting availability of position and				
		for interview				
		complete application form neatly and accurately				
		apply for a position				
		write a resume				
		write letter requesting a letter of recommendation				
		draw up employer/employee agreement				
		assist client in requesting services such as:				
		appointment				
		medical/dental				

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PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		food stamps				
		day care/senior citizens center				
		social services				
		assist client in completing forms, and follow-up				
		re request				

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TRAINEE/AIDE ______________________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________________

EMPLOYER/SUPERVISOR ______________________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		Personal characteristics:				
		neatly attired and well groomed at all times				
		warm/pleasant/cheerful/friendly/enthusiastic				
		serious/sincere/polite/composed				
		patient/kind/considerate of others				
		honest/trustworthy				
		reliable/responsible/keep promises				
		cooperative/helpful/volunteers for tasks				
		punctuality				
		volunteers for tasks				
		attendance				

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PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		good sense of humor				
		emotionally stable				
		adaptable/flexible				
		courteous/polite				
		self respect/self confidence				
		answers questions simply and directly				
		communication skills				
		exactness/accurate in observing/reporting				
		respects property of others				
		respects others need for privacy				

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Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		keeps relationship on a professional level				
		professional ethics/confidentiality				
		Further Comments:				

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EMPLOYER/SUPERVISOR______________________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		PERSONAL CARE				
		wash hands before and after attending patient,				
		handling food, using toilet, etc.				
		exhibit interest in the patient's/child's/client's				
		well-being				
		assist in bathing the patient/child/client				
		give a bed bath				
		place telephone calls correctly and courteously				
		deliver messages promptly and accurately				
		assist patient/child in personal hygiene and grooming				

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Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		run errands/takes care of affairs of client as				
		requested and reports back to client promptly				
		PATIENT CARE				
		show evidence that patient comes first				
		assist patient in following physician's orders				
		employ tact in reminding patient of physician's				
		orders				
		give a bed bath				
		give a manicure				
		assist shaving patient				

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Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		offer and remove bedpan or urinal promptly/privately				
		take temperature accurately				
		take pulse and respiration accurately				
		recognize and assist the common signs of illness				
		recognize changes in patient's condition				
		assist patient and/or clean and handle dentures				
		properly and safely				
		assist patient who is unable to feed self				
		measure intake and output of patient				
		report important information promptly to employer				

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

*Legend: 3. Outstanding performance/understanding/attitude
2. Satisfactory performance/understanding/attitude
1. No opportunity to observe
0. Unsatisfactory performance/improvement needed

EMPLOYER/SUPERVISOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________________

EMPLOYER/SUPERVISOR ______________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		apply hot and cold treatments, as prescribed				
		make an unoccupied bed				
		make an occupied bed				
		disinfect and sterilize equipment when needed				
		handle equipment and materials in such a manner as				
		avoid contamination of self and others				
		store such items as to keep them sterile				
		recognize when patient/child is suffering from bore-				
		dom and introduces games or other activities to				
		relieve the monotony				

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EMPLOYER/SUPERVISOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE______________________________ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ____

EMPLOYER/SUPERVISOR____

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		improvise equipment to make patient comfortable				
		encourage patient to engage in activities and take				
		on responsibility in keeping with improved physical				
		condition				
		assist patient who has limited movement to engage in				
		activities to regain use of limbs, etc.				
		help patient change to different positions, sit up,				
		walk, in and out of bathtub or shower				
		NUTRITION				
		explain the function of nutrients in the body				

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EMPLOYER/SUPERVISOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED ________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		select foods for the nutrients they supply				
		follow special diets when prescribed, such as:				
		low-sodium diet				
		low-fat diet				
		liquid diet				
		soft diet				
		low cholesterol or fat-controlled diet				
		diet for a diabetic patient				
		practice habits of good nutrition				

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EMPLOYER/SUPERVISOR EVALUATION OF
HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		MEAL PLANNING				
		plan nutritious meals				
		make shopping list				
		comparison shop for food, cleaning agents and				
		other needs				
		plan menus for breakfast				
		considerate of family food preferences				
		follows principles of menu planning				
		plan meals which are nutritious, economical, and				
		varied				

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EMPLOYER/SUPERVISOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE____________________ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ____________________

EMPLOYER/SUPERVISOR____________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		plan menus for lunch				
		plan menus in keeping with families meal patterns				
		plan menus for dinner incorporating family prefer-				
		ences and customs				
		plan and prepare dinners which are quick, nutritious,				
		palatable, appetizing and plan the use of leftover				
		foods				
		set up a schedule and coordinate meal preparation so				
		that all foods are ready at the time the meal is				
		to be served				

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TRAINEE/AIDE ______________________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________________

EMPLOYER/SUPERVISOR ______________________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		plan menus which do not require cooking (heat to				
		prepare)				
		FOOD PREPARATION				
		take inventory of equipment/small appliances and				
		utensils				
		use correct name of such items				
		make appropriate use of such items				
		take inventory of foods on hand in preparation for				
		making marketing order list				
		measure ingredients accurately				

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EMPLOYER/SUPERVISOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE________________________ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ________________________

EMPLOYER/SUPERVISOR________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		prepare foods in a variety of ways according to				
		acceptable standards emphasizing Basic Four				
		Food Groups				
		use substitutes/equivalents in food preparation,				
		when necessary				
		utilize leftovers creatively				
		prepare special diets as prescribed				
		prepare food which is palatable, attractive, and				
		retains nutritive values				
		prepare and serve meals at the accustomed hour				

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TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		TABLE SERVICE				
		set table correctly according to menu				
		serve and remove in the proper order				
		store food promptly, properly and safely				
		employs creative ways to make meals interesting				
		and attractive				
		varies the use of table or tray decorations at meals				
		MATERNAL				
		assist client in personal hygiene and grooming				

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TRAINEE/AIDE ____________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ____________________

EMPLOYER/SUPERVISOR ____________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		prepare solution of proper temperature to irrigate				
		client, when needed				
		relieve client of care of infant in relation to				
		her physical and emotional stamina				
		INFANT				
		safely bathe infant making sure all surfaces are				
		clean and dry				
		dress infant				
		sterilize infants bottles and store properly				
		feed and burp infant				

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EMPLOYER/SUPERVISOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE______________________________ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ____

EMPLOYER/SUPERVISOR____

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		when infant is in bed check on infant frequently				
		present infant in a clean, fresh, sweet smelling				
		manner when guest visit				
		CHILD CARE				
		show interest and concern for children				
		bathe child using safety precautions				
		makes bath time a pleasant time				
		assist child with dressing self				
		keep record of child's growth and development, if				
		parent not able to do so				

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TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED ________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		recognize symptoms of common communicable diseases				
		describe symptoms accurately				
		take care of minor wounds				
		determine when a child should be disciplined				
		employs discipline consistent with unacceptable				
		behavior				
		observe and direct indoor activities of children				
		select and read stories to children appropriate for				
		age and interest				
		teach children arts and crafts activities				

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TRAINEE/AIDE____ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ____

EMPLOYER/SUPERVISOR____

Date(s) Evaluated Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	Check Appropriate Column 3*	2*	1*	0*
		select safe, easily observable outdoor play are				
		observe and direct outdoor activities of children				
		supervise children in putting toys away				
		HOUSEKEEPING				
		organizes work; manages time and conserves energy				
		maintain an orderly, and attractive room for patient				
		remove soiled dishes from patient's room promptly				
		perform light housekeeping chores				
		consult with patient prior to rearranging furniture				
		in patient's room				

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TRAINEE/AIDE________________________________ DATE ENROLLED/EMPLOYED__________

PLACE OF EMPLOYMENT ____

EMPLOYER/SUPERVISOR____

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		rearrange room to more conveniently accomodate				
		patient's needs				
		keep mirrors, windows, glass covered furniture,				
		and decorative glass clean				
		SANITATION				
		remove and prepare dishes for washing				
		clean and store appliances and tools properly				
		comparison shop for various household care and				
		cleaning agents				
		clean and defrost refrigerator when required				

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TRAINEE/AIDE____________________________ DATE ENROLLED/EMPLOYED________

PLACE OF EMPLOYMENT ____________________________________

EMPLOYER/SUPERVISOR____________________________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		clean kitchen floor, as needed				
		clean bathroom using paper cleaning agents, tools,				
		and materials				
		sort and launder clothing and household linens				
		according to care instructions/fold and store				
		use appropriate tools and materials to dust and				
		vacuum furniture and furnishings				
		SAFETY				
		use appliances, equipment and supplies according				
		to recommended use				

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EMPLOYER/SUPERVISOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE______________________________ DATE ENROLLED/EMPLOYED________

PLACE OF EMPLOYMENT ____________________________________

EMPLOYER/SUPERVISOR____________________________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		assist in keeping home free of hazardous conditions				
		promptly mop up liquids which have been spilled				
		stores medicines, cleaning agents, and matches in				
		safe place out of reach of young children				
		demonstrate how to lift, bend, pull and carry heavy				
		objects without injury or strain on self				
		FIRST AID AND EMERGENCY PROCEDURES				
		Use proper procedure to:				
		assist a choking victim				
		apply pressure to stop bleeding/nosebleed				

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EMPLOYER/SUPERVISOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________________

EMPLOYER/SUPERVISOR ______________________________

Date(s) Evaluated			Check Appropriate Column			
Mo/Day	Mo/Day	Attitudes/Knowledge/Skills	3*	2*	1*	0*
		treat person for possible shock				
		assist a person suspected of suffering from poisoning				
		assist person whose clothing is on fire				
		extinguish fire				
		administer mouth-to-mouth resuscitation				
		call for assistance				
		ORIENTATION TO COMMUNITY AGENCIES				
		Uses proper procedures to:				
		locate local agencies where jobs may be obtained				

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EMPLOYER/SUPERVISOR EVALUATION OF HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ______________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ______________________

EMPLOYER/SUPERVISOR ______________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		Personal characteristics:				
		neatly attired and well groomed at all times				
		warm/pleasant/cheerful/friendly/enthusiastic				
		serious/sincere/polite/composed				
		patient/kind/considerate of others				
		honest/trustworthy				
		reliable/responsible/keep promises				
		cooperative/helpful/volunteers for tasks				
		punctuality				
		volunteers for tasks				
		attendance				

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INSTRUCTOR EVALUATION OF
HOMEMAKER-HOME HEALTH AIDE

TRAINEE/AIDE ____________________ DATE ENROLLED/EMPLOYED __________

PLACE OF EMPLOYMENT ____________________

EMPLOYER/SUPERVISOR ____________________

Date(s) Evaluated		Attitudes/Knowledge/Skills	Check Appropriate Column			
Mo/Day	Mo/Day		3*	2*	1*	0*
		food stamps				
		day care/senior citizens center				
		social services				
		assist client in completing forms, and follow-up				
		re request				

Instructor and trainee should confer periodically to assess progress in accomplishing the objectives of the program.

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